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FILED

Apr 14 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000088056 (3)

1. Corporation Name

EXCEL DELIVERY SERVICE INC.



Principal Place of Business

70 S.W. 32ND AVENUE  
DEERFIELD BEACH FL 33442

Mailing Address

70 S.W. 32ND AVENUE  
DEERFIELD BEACH FL 33442-2976

2. Principal Place of Business

21 6555 NW 9 Ave

Suite, Apt. #, etc.

22 #110

City & State

23 Ft Lauderdale, FL

Zip

24 33309

Country

25 USA

2a. Mailing Address

26 6555 NW 9 Ave

Suite, Apt. #, etc.

27 #110

City & State

28 Ft Lauderdale FL

Zip

29 33309

Country

30 USA

3. Date Incorporated or Qualified

11/15/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0630890

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GALCZYNSKI, SHARON  
70 S.W. 32ND AVENUE  
DEERFIELD BEACH FL 33442

10. Name and Address of New Registered Agent

81 Name SHARON GALCZYNSKI  
82 Street Address (P.O. Box Number is Not Acceptable)  
335 SW 32 Terrace  
83  
84 City Deerfield Beach FL 85 Zip Code 33442

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME GALCZYNSKI, STEVE  
STREET ADDRESS 70 S.W. 32ND AVENUE  
CITY - ST - ZIP DEERFIELD BEACH FL 33442

TITLE S ☐ DELETE

NAME GALCZYNSKI, SHARON  
STREET ADDRESS 70 S.W. 32ND AVENUE  
CITY - ST - ZIP DEERFIELD BEACH FL 33442

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS 6555 NW 9 Ave #110  
1.4 CITY - ST - ZIP Ft Lauderdale, FL 33309

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS 6555 NW 9 Ave #110  
2.4 CITY - ST - ZIP Ft Lauderdale, FL 33309

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Sharon Galczynski

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-97 9549389200

Date Daytime Phone #

CR2E034 (9/96)