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May 01 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 # P95000088168 (6)

1. Corporation Name

EXCEL DOCUMENT SOLUTIONS, INC.

Principal Place of Business

3280 W HILLSBORO BLVD
DEERFIELD BEACH FL 33442

Mailing Address

3280 W HILLSBORO BLVD
DEERFIELD BEACH FL 33442-9401

3. Date Incorporated or Qualified
11/15/1995

3a. Date of Last Report
04/22/1996

2. Principal Place of Business

21 642 EMERALD WAY WEST

Suite, Apt. #, etc.

22 City & State

23 DEERFIELD BEACH FL

Zip

24 33442

Country

2a. Mailing Address

26 642 EMERALD WAY WEST

Suite, Apt. #, etc.

27 City & State

28 DEERFIELD BEACH FL

Zip

29 33442

Country

4. FEI Number

65-0638891

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

g. Name and Address of Current Registered Agent

CONSTANTINE, JAMES
3280 W HILLSBORO BLVD
DEERFIELD BEACH FL 33442

10. Name and Address of New Registered Agent

81 Name

JAMES CONSTANTINE

82 Street Address (P.O. Box Number is Not Acceptable)

21591 VILLA NOVA DRIVE

83

84 City

BOCA RATON

FL

85 Zip Code

33433

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

James Constantine

JAMES CONSTANTINE

4/21/97

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 DP ☐ DELETE

NAME CONSTANTINE, JAMES
STREET ADDRESS 21591 VILLA NOVA DRIVE
CITY-ST-ZIP BOCA RATON FL

TITLE DS ☐ DELETE

NAME BADER, MARY C
STREET ADDRESS 9535 LAKE SERENA DRIVE
CITY-ST-ZIP BOCA RATON FL

TITLE DT ☐ DELETE

NAME CONSTANTINE, MATINA
STREET ADDRESS 642 EMERALD WAY WEST
CITY-ST-ZIP DEERFIELD BEACH FL

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

1.4 CITY-ST-ZIP

BOCA RATON FL 33433

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

BOCA RATON FL 33496

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

DEERFIELD BEACH FL 33442

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

James Constantine

4/21/97

4/21/97

95000088168

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