

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Aug 22 1996 8:00 am
Secretary of State

DOCUMENT # P95000088562 (0)

1. Corporation Name

EXCEL MOLDED PRODUCTS, INC.

Principal Place of Business

Mailing Address

500 ANCLOTE ROAD
TARPON SPRINGS FL 34689

500 ANCLOTE ROAD
TARPON SPRINGS FL 34689



3. Date Incorporated or Qualified

11/17/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 1460 L+R INDUSTRIAL BLVD

26 P.O. BOX 370

4. FEI Number

66-0630042

Applied For

Not Applicable

22 Suite, Apt. #, etc.

UNIT # 6

27 Suite, Apt. #, etc.

—

5. Certificate of Status Des rec



\$8.75 Additional
Fee Required

23 City & State

TARPON SPRINGS, FL

28 City & State

TARPON SPRINGS FL

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

24 Zip

34689

25 Country

U.S.A

29 Zip

34688

30 Country

U.S.A

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes



Yes



No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KARANTONIS, PETER N
26 HIBISCUS STREET, N.
TARPON SPRINGS FL 33689

81 Name

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

83

84 City

FL

85 Zip Code

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 type for printed name of registered agent and fee (if applicable)

(NOTE: Registered Agent's signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
KARANTONIS, PETER N
26 N. HIBISCUS STREET
TARPON SPRINGS FL 34689

DELETE

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

Change

Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]

PRESIDENT

8-11-96

813 942 7798

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)