SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # POSOCOOTEOS :

FILED Jul 07, 1999 8:00 am Secretary of State

07-07-1999 90013 045 ***150.00

1. Corporation Name										
EXCELLENCE IN SERVICES NETWORK, INC.										
							1 (401) 601 (10 1018) 0(()) 00(() 00()) 00() 00() 00() 00()			
Principal Place of Business Mailing Address								-{		11 88 (111 1 08 1
•					=					
824 WEST NEW YORK AVE. 824 WEST NEW YOR DELAND FL 32720-5256 DELAND FL 32720-52					1¥L.					
DEDINO 12 02/20 02/0						DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated or Qualified			
								01/01/1996		
2. Principal Plac	ce of Busin	ess	2a. Mailin	2a. Mailing Address				4. FEI Number	App	olied For
21			26	26				59-3352769	Not	Applicable
Suite, Apt. #,	, etc.		Suite,	Suite, Apt. #, etc.				5 Codificate of Status Desired	\$8.75 A	dditional
22			27					5. Certificate of Status Desired	Fee Rec	quired
City & State			City 8	City & State				6. Election Campaign Financing \$5.00 May Be		
23			28					Trust Fund Contribution Added to Fees		
Zip	Zip Country		Zip	Zip		Country		8. This corporation owes the current year		
24	25		29	293		30		Intangible Personal Property. Yes No		
9. Name and Address of Current		ent Registered A	Registered Agent				10. Name and Address of New Registered Agent			
WATTON WILLIAM M. ID						B1 1	Name			
WATFORD, WILLIAM M JR 824 WEST NEW YORK AVE						82 Street Address (P.O. Box Number is Not Acceptable)				
						52 Silver Address (F.O. Dox Hullison is Not Neceptable)				
DELAND FL 32720-5256						83				
							014.		es Zin C	odo
					l'	84 City FL 85 Zip Co			ode	
										istered
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 regis 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 regis agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.									istered	
	n iamiliai w	ith, and accept the ob-	igations or, secur	M 607.0303, 1 1	Unida Statu	ics.		:		
SIGNATURE	lonature, typed	or printed name of registered a	gent and title if applicab	le. (N	OTE: Registere	d Ager	nt signature requi	ired when reinstating) DATE		
12.			AND DIRECTOR		13.			ADDITIONS/CHANGES TO OFFICERS AND		RS IN 12
TITLE P				DELETE	1.1 TITL	£			Change [Addition
NAME V	WATFORD, WILLIAM M JR				1,2 NAME					
STREET ADDRESS	107 WES 1	INDIANA AVE	824 West	· New Yor	UL HYSTR	EET AD	ORESS 3	24 W New York Ave		
	DELAND F			•	1.4 CIT					
TITLE				DELETE	2.1 TITL				Change	Addition
NAME			_			2.2 NAME -				
STREET ADDRESS	TREET ADDRESS			2.3 ST			EET ADDRESS			ĺ
CITY-ST-ZIP				2.4 CITY-S			р			
TITLE				DELETE	3.1 TITL				Change	Addition
NAME				*****		3.2 NAME		_	•	-
STREET ADDRESS				3.3 STREET			DRESS			
CITY-ST-ZIP		•			3.4 CIT					
TITLE				DELETE	4.1 TITL		·	· · ·	Change	Addition
NAME				Detric	4.2 NAN				•g•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
					4.3 STR		IDPESS			
STREET ADDRESS					4.4 CIT					
CITY-ST-ZIP TITLE				December	5.1 TITL				Change	Addition
				☐ DELETE	5.2 NAM				- Juninge	
NAME OTDEET ADDRESS							DDESC			
STREET ADDRESS					5.3 STR		l l			ļ
CITY-ST-ZIP				[] pe: cre	5.4 CIT		-		Chorse	Addition
TITLE				DELETE					Change	Addition
NAME					6.2 NAA					ļ
STREET ADDRESS					6.3 STR					
CITY-ST-ZiP		5-E	data alain dilinna dan an		6.4 CIT			tion 110 07/3/ii) Florida Statutes I further certify that	t the inform	nation

indicated on this annual report or supplied with an address in the information and the 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:

7-2-99 9047360388



Excellence In Services Network, Inc. Helping Implement Innovative Solutions SM P9500097603 582659-90013-45

July 2, 1999

Florida Department of State **Division of Corporations** PO Box 1500 Tallahassee, FL 32302-1500

To whom it may concern:

Enclosed is a payment of \$150 for our annual corporation filing fee. We would have filed this report prior to June 11 if we would have received the first notice. Unfortunately, we only recently received a second notice. We are filing this report as quickly as possible as to minimize your inconvenience. If there is anything we can do to ensure that we receive a first notice next year, please advise.

President