


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 11 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 # P96000023455 (4)

1. Corporation Name
EXCELIS, INC.

Principal Place of Business
150 SECOND AVENUE NORTH
SUITE 1600
ST. PETERSBURG FL 33701

Mailing Address
150 SECOND AVENUE NORTH
SUITE 1600
ST. PETERSBURG FL 33701



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 8435 Stemmons Freeway Suite, XXXXXXX 22 City & State 23 Dallas, TX Zip 24 75247-3907		2a. Mailing Address 26 150 2nd Avenue North Suite, XXXXXXX 27 1600-Legal Dept. City & State 28 St. Petersburg, FL Zip 29 33701		3. Date Incorporated or Qualified 03/14/1996		3a. Date of Last Report	
Country 25 USA		Country 30 USA		4. FEI Number 59-3371395		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$8.75 Additional Fee Required \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent ZINDA, CRAIG J 150 SECOND AVENUE NORTH SUITE 1600 ST. PETERSBURG FL 33701				10. Name and Address of New Registered Agent 81 Name CSC 82 Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street 83 84 City Tallahassee FL 85 Zip Code 32301			

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	114 Fifth Street
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Santa Ana, CA 92701
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Mark F. Brisebois
STREET ADDRESS		4.3 STREET ADDRESS	8435 Stemmons Freeway
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Dallas, TX 75247-3907
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Raymond G. Abide, Jr.
STREET ADDRESS		5.3 STREET ADDRESS	8435 Stemmons Freeway
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Dallas, TX 75247-3907
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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

SIGNATURE REQUIRED

August 5, 1997

(010) 005 1015

CR2E034 (4/97)