

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED

98 JUN -5 PM 1:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000023455 (4)
1. Corporation Name
Excelis, Inc.

Principal Place of Business Mailing Address
8435 Stemmons Freeway 150 2nd Avenue North
Dallas, TX 75247 Suite 1600
St. Petersburg, FL 33701

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 8435 Stemmons Freeway		26 150 2nd Ave. North		3/14/96	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27 Suite 1600		59-3371395	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Dallas, TX		28 St. Petersburg, FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		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	
24 75247		29 33701		30 U.S.A.	
Country		Country			
25 U.S.A.		29 33701		30 U.S.A.	

9. Name and Address of Current Registered Agent

CSC
1201 Hays St.
Tallahassee, FL 32301

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D Kennedy, Parker S.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	114 East Fifth Street	1.2 NAME	900002557659--7
STREET ADDRESS	Santa Ana, CA 92701	1.3 STREET ADDRESS	-06/12/98--01003--005
CITY-ST-ZIP		1.4 CITY-ST-ZIP	***\$550.00 ***\$550.00
TITLE	D Long, John W.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	150 2nd Avenue North, Ste 1600	2.2 NAME	
STREET ADDRESS	St. Petersburg, FL 33701	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	S/D Zinda, Craig J.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	150 2nd Avenue North, Ste 1600	3.2 NAME	
STREET ADDRESS	St. Petersburg, FL 33701	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	P Brisebois, Mark F.	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8435 Stemmons Freeway	4.2 NAME	
STREET ADDRESS	Dallas, TX 75247	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	A Abide, Raymond G.	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8435 Stemmons Freeway	5.2 NAME	
STREET ADDRESS	Dallas, TX 75247	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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 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.

CR2E034 (10/97)