

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

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Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90156 001 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000038563

1. Corporation Name
EXCEL CENTER OF WEST PASCO, INC.



Principal Place of Business Mailing Address
6464 RIDGE ROAD P.O. BOX 817
PORT RICHEY FL 34668 PORT RICHEY FL 34673-0817

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 4132 CLAREMONT DR		26		04/29/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3378403	
City & State		City & State		Applied For	
23 NEW PORT RICHEY, FL		28		Not Applicable	
Zip Country		Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 34652 25 U.S.A.		29 30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BROWN, DENNIS 6636 INDUSTRIAL AVENUE PORT RICHEY FL 34668				81 Name KEVIN MURPHY			
				82 Street Address (P.O. Box Number is Not Acceptable) 4132 CLAREMONT DRIVE			
				83			
				84 City NEW PORT RICHEY FL 85 Zip Code 34652			

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: *Kevin Murphy* **KEVIN MURPHY, TREASURER APRIL 20, 1999**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARMACK, ROBERT S	1.2 NAME	
STREET ADDRESS	4893 RIDGEMOR CIR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34685	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, DENNIS	2.2 NAME	
STREET ADDRESS	6636 INDUSTRIAL AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY FL 34668	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, KEVIN	3.2 NAME	
STREET ADDRESS	4132 CLAREMONT	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEMERY, LINDA	4.2 NAME	
STREET ADDRESS	950 N.E. HIGHWAY 27, ALT.	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHIEFLND FL 32626	4.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEMERY, CARL	5.2 NAME	
STREET ADDRESS	950 N.E. HIGHWAY 27, ALT.	5.3 STREET ADDRESS	
CITY-ST-ZIP	CHIEFLND FL 32626	5.4 CITY-ST-ZIP	
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 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, with all other like empowered.

SIGNATURE: *Kevin Murphy* **KEVIN MURPHY** **TREASURER** **4/20/99** **727-846-8584**

CR2E034 (1/1/98)