## 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

DOCUMENT # 1. Corporation Name P96000071980 (2)

EXCEL INVESTMENT REALTY, INC.

Principal Place of Business Mailing Address

## **FILED** Jan 26 1998 8:00am Secretary of State



13902 N DALE MABRY HIGHWAY STE 203 TAMPA FL 33618		13902 N DALE MABRY HIGHWAY STE 203 TAMPA FL 33618			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified		
- 5 C - 17 B	10	T = No. C. J. Ashi		<del></del>	08/26/1996		
	lace of Business	2a. Mailing Address	<u> </u>		4. FEI Number	<del></del>	plied For
21		26			59-3398300	<del></del>	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		
22		27				Fee He	dnitea
City & Stat	е	City & State			6. Election Campaign Financing	\$5.00	
23		28			Trust Fund Contribution	Added t	
Zip	Country	Zip	Countr	У	B. This corporation owes or has paid the		
24	25	29	30		Personal Property Tax due June 30.		J No
	Name and Address of Cur	rent Registered Agent			10. Name and Address of New Register	ed Agent	
JAC	GMOHAN, BURT C		8.	l Name			
	119 GLEN HAVEN DRIVE		8:	Street Add	dress (P.O. Box Number is Not Acceptable)		
	MPA FL 33618				,		
1			83				
	•		L	1		11 = 7	
			84	City	F	85 Zip 0	Code
44 Pursuant	to the provisions of Sections 607 (	0502 and 607 1508. Florida \$t	atutes the abov	<u>l</u> /e-named cor	poration submits this statement for the nurnes	e of changing its	s registered
office or r	egistered agent, or both, in the St	ate of Florida. Such change w	as authorized b	y the corpora	ation's board of directors. I hereby accept the	appointment as	registered
agent. I a	im familiar with, and accept the ob	oligations of, Section 607.0505	, Florida Slalule	os.			
SIGNATURE						<del>,</del>	
	Signature, typed or printed name of registered	AND DIRECTORS		gent signature requ	ared when reinstating) DAT		O IN 10
12.		DELETE	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
TITLE	PVTS					C Creatigo	L Addition
NAMÉ	JAGMOHAN, BURT C.		1.2 NAME				
STREET ADDRESS	16019 GLEN HAVEN DR.		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	TAMPA FL		1.4 CHY-	ST - ZIP			
TITLE	☐ DELETE		2.1 TITLE			Change	☐ Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREE	T ADDRESS			
CITY-ST-ZIP			2.4 CITY	· ST - ZiP	* #		
TITLE		☐ DELETE	3 1 TITLE			Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS			3 3 STREE	TADDRESS			
CITY-ST-ZIP			3.4. CITY	-S1 - 71P			
TITLE		DELETE	41 THLE	01 211		Change	Addition
NAME			4. 2 NAM	.			_
STREET ADDRESS				T ADDRESS			
·							
CITY-ST-ZIP		DELETE	4.4 CIFY- 5.1 TITLE	S1-ZIP		Change	Addition
TITLE						Orlange	- Manifoli
NAME			5.2 NAME	- 1			
STREET ADDRESS				1 ADDRESS			
CITY-ST-ZIP			54 CITY-	ST-ZIP		———	A 1000
TITLE		DELETE	6 1 TITLE			☐ Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			63 STREE	TADDRESS			
CITY-ST-ZIP			64 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.

C. JAGMOHAN