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PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **P96000097248 (4)**

1. Corporation Name
EXCEL MESSENGER SERVICE INC.

Principal Place of Business	Mailing Address
200 N.E. 21ST CORUT WILTON MANORS FL 33305	200 N.E. 21ST CORUT WILTON MANORS FL 33305

3. Date Incorporated or Qualified: 12/02/1996
3a. Date of Last Report:

2. Principal Place of Business
21 2805 E. OAKLAND PK Blvd
Suite, Apt. #, etc.
22 #177
City & State
23 Ft. lauderdale, FL.
Zip 24 33304 Country 25 USA

2a. Mailing Address
26 2805 E. OAKland Pk Blvd
Suite, Apt. #, etc.
27 #177
City & State
28 Ft. lauderdale, FL.
Zip 29 33304 Country 30 USA

4. FEI Number: 65-0710129 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. **Name and Address of Current Registered Agent**

STONELAKE, MICHELLE M
200 N.E. 21ST CORUT
WILTON MANORS FL 33305

10. **Name and Address of New Registered Agent**

81 Name: Michelle M. Stonelake
82 Street Address (P.O. Box Number is Not Acceptable): 2805 E. OAKLAND PK. Blvd
83 Suite # 177
84 City: Ft. Lauderdale FL 85 Zip Code: 33304

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 ☐ DELETE	1.1 TITLE	Director ☑ Change ☐ Addition
NAME	CARDELLA, LUCY JO	1.2 NAME	CARDELLA, Lucy Jo
STREET ADDRESS	200 N.E. 21ST CORUT	1.3 STREET ADDRESS	2805 E. OAKland Pk Blvd. #177
CITY-ST-ZIP	WILTON MANORS FL 33305	1.4 CITY-ST-ZIP	Ft. Lauderdale, FL. 33304
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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] 3-19-97 (954) 564-4812

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0012351