02-20-1999 90001 004 \*\*\*150.00

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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## **DOCUMENT #** P96000097248 1. Corporation Name

EXCEL MESSENGER SERVICE INC.

Principal Place of Business		Mailing Address	Mailing Address					••		
2805 E OAKLAN	ED PK BLVD	2805 E OAKLAND PL	2805 E OAKLAND PL BLVD							
#177		#177					DO NOT WRITE IN THIS SPACE			
FT LAUDERDALI	E FL 33306		FT LAUDERDALE FL 33306			3	3. Date incorporated or Qualifed			
US		US	03				•			1
1 D::-:I D!	ace of Business	2a. Mailing Address				4	12/02/1996 FEI Number		An	plied For
<b>—</b> '	ace of Busilless	<b>⊢</b>					65-0710129		<u> </u>	t Applicable
Suite, Apt. 3	4 ata	26 Suite Ant # etc	Suite, Apt. #, etc.				03-01-10129		\$8.75	
	4, etc.	<del> </del>	27			5.	. Certifcate of Status Desired		Fee Re	
City & State			City & State			-	. Election Campaign Financing		\$5.00	May Bo
·	•	<b>├</b> ──	28				Trust Fund Contribution		Added t	
23 Zip	Country		Zip Country			-   8	. This corporation owes the curr	ent vear in		
<del></del>	25 29 30			,		"	Personal Property Tax.	on your in	☐ Yes	□No
24	9. Name and Address of Current Registered Agent					10	. Name and Address of New I	Registered	Agent	
	J. INDINE BING AGGINGS OF COLITE	in regional and regions		81	Name			<u></u>		
STONELAKE, MICHELLE M										
	E OAKLAND PK BLVD			82	Street Ad	Street Address (P.O. Box Number is Not Accept				
	E 177									
	AUDERDALE FL 33304			83						
FILE	NUDERDALL I L 33304			84	City			FL	85 Zip (	Code
11 Pursuant i	to the provisions of Sections 607.05	02 and 607.1508. Florida S	tatutes, the a	bove	le-named co	orporatio	on submits this statement for the	purpose of	changing its	registered
office or re	o the provisions of Sections 607.03 egistered agent, or both, in the State n familiar with, and accept the oblig	of Florida, Such change w	ias authonzed	าทข	the corpora	ration's b	poard of directors. I hereby acce	ot the appo	intment as re	gistered
SIGNATURE								···	. <u> </u>	
Signature, typed or printed name of registered agent and title if applicable. (NOTE:				Registered Agent signature require			reinstating) ADDITIONS/CHANGES TO OF	DATE	ND DIRECTO	DRS IN 12
12.	OFFICERS AND DIRECTORS			. ₹13.			ADDITIONS/CHANGES TO OF	FICENS A	Change	Addition
TITLE	D	☐ DELET	li li						- Change	
NAME	CARDELLA, LUCY JO		1.2 N							
STREET ADDRESS	2805 E OAKLAND PK BLVD #	<b>¥177</b>			FADDRESS					
CITY-ST-ZIP	FT LAUDERDALE FL			TY-S	T-ZIP				F*1 Ch	Addition
TITLE	☐ DELETE 2.1		E 2,1 TI	2.1 TITLE					Change	☐ ¥0010011
NAME	2.2		2.2 N	2.2 NAME						
STREET ADDRESS			2.3 S	TREET	ADDRESS					
CITY-ST-ZIP			2.40	TY-S	T-ZIP			<u> </u>		
TITLE		☐ DELET	TE 3.1 TI	TLE					Change .	Addition
NAME			3.2 N	AME	1					
STREET ADDRESS			3.3 S	TREET	T ADDRESS					
CITY-ST-ZIP			3.4.0	my-s	ST-ZIP					
TITLE		☐ DELET	TE 4.1 TI	TLE					☐ Change	☐ Addition
NAME			4. 2 N	AME						
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				ITY-S						
CITY-ST-ZIP TITLE		☐ DELE1			-			•	Change	Addition
NAME			5.2 N							
l · -			5.3 S	TREET	TADDRESS					
STREET ADDRESS				ITY-S						
CITY-ST-ZIP		☐ OELE1					_ <del></del>		Change	☐ Addition
TITLE			6.2 N							
NAME		/ )			T ADDRESS					
STREET ADDRESS	/	<u></u>	0.3 3	OVER	I FILIDINEUU					l

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 supplementary annual report is true and accurate any fat 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 ecciver or trustee empowered to execute the proof as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the Block 12 or Block 13 if of

SIGNATURE: