

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

FILED  
May 27 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P97000040271 (3)

1. Corporation Name

EXSEL INTERNATIONAL INC.



Principal Place of Business

2566 SW 27TH AVE  
CAPE CORAL FL 33914

Mailing Address

2566 SW 27TH AVE  
CAPE CORAL FL 33914

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/06/1997

4. FEI Number

☒ 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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

FLORIDA INCORPORATORS, INC.  
1221 BRICKELL AVE  
SUITE 800  
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name  
JAMES G. BLESSING  
82 Street Address (P.O. Box Number is Not Acceptable)  
2566 S.W. 27th AVE.  
83  
84 City  
CAPE CORAL FL 85 Zip Code  
33914

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

*James G. Blessing*

JAMES G. BLESSING

4/28/98

Signature typed or printed name of officer or director and file if applicable

DATE

12. OFFICERS AND DIRECTORS

TITLE CCEO ☐ DELETE  
NAME BLESSING, JAMES G  
STREET ADDRESS 2566 SW 27TH AVE  
CITY-ST-ZIP CAPE CORAL FL 33914

TITLE PD ☒ DELETE  
NAME ULBRICH, WOLFGANG H  
STREET ADDRESS 12710 EQUESTRIAN CIRCLE, SUITE 2006  
CITY-ST-ZIP FT MYERS FL 33907

TITLE VD ☐ DELETE  
NAME DREYER, WILLIAM  
STREET ADDRESS 31 WILLOW DRIVE  
CITY-ST-ZIP FT THOMAS KY 41075

TITLE STD ☐ DELETE  
NAME BLESSING, DORIS M  
STREET ADDRESS 2566 SW 27TH AVE  
CITY-ST-ZIP CAPE CORAL FL 33914

TITLE STD ☐ DELETE  
NAME DREYER, DONNA  
STREET ADDRESS 31 WILLOW DRIVE  
CITY-ST-ZIP FT THOMAS KY 41075

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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.

SIGNATURE

*Doris M Blessing*

CR2E034 (10/97)