## 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 # P97000057749 (8)

**FILED** Apr 02 1998 8:00am Secretary of State

IHE	EXCALIBI	JR GROUP, INC.								
Principal Plac	ce of Busines	ss	Mailin	ng Address				- I ABDITORI IIIA IAITI KARIS ARSII BARIL BARIL BURIL INRII 1884 (1891) ELLIN II	iii <b>ivi</b> i	
4455 N.W.	89TH WAY		449	55 N.W. 89TH WAY	,					
	PRINGS FL 33	065		CORAL SPRINGS FL 33065				DO NOT WOLFE IN THE COACE		
								DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified		
2. Principal Place of Business			2s, Mailing Address					<b>07/01/1997 4.</b> FEI Number Applied	For	
21			<u></u>	26				65-074548 Not App		
Suite, Apt. #, etc				Suite, Apt. #, etc.				\$0.75 Addition		
22			<b>├</b> ─	27				5. Certificate of Status Desired Fee Require		
City & State				City & State				6. Election Campaign Financing \$5.00 May	Re	
23			28	28				Trust Fund Contribution Added to Fee		
Zip	Country			Zip Country				8. This corporation owes or has paid the current year Intangible		
24	25 29				30			Personal Property Tax due June 30. Yes No		
	g, Name	and Address of Curr	ent Registere	d Agent		1		10. Name and Address of New Registered Agent		
		), Joseph P				81	Name			
4455 N.W. 89TH WAY						82	Street Add	ress (P.O. Box Number is Not Acceptable)		
	Coral Spi	NINGS FL 33065								
						83				
						84	City	85 Zip Code		
						11		FL		
11. Pursuant office or	t to the provis	sions of Sections 607.03 gent, or both, in the Sta	502 and 607.: Ie of Florida.	1508, Florida Statu Such change was	ites, the a authorize	evode vd be	-named corpora	poration submits this statement for the purpose of changing its reg tion's board of directors. I hereby accept the appointment as regis	istered tered	
agent. I	am familiar w	ith, and accept the obl	igations of, Sc	ection 607.0505	torida Sta		-	0 Det 2010 0 - 212-10		
SIGNATURE	_m	M B.d	MC	and O	res	2	OSEPI	4 P. DEL CAMPO, PRES. 03/30/9  Ired when reinstating)  DATE	8	
12.	Storegone: typo		opent and title it ap		)16 : Registere		nt signature requ	ulred when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	10	
TITLE	Ť	OF ICENS A	INO DINLOTO	DELETE	1.1 (				Addition	
NAME				<del></del>		NAME		JOSEPH P. DELCAMPO		
STREET ADDRESS							ADDRESS	MACHINARATE WAY	- 1	
CITY-ST-ZIP						CITY-SI		COLAL SPENCE, FLA 33065	1	
TITLE	<del> </del>			DELETE	2.1 T				l	
NAME									Addition	
STREET ADDRESS					•	NAME	i		Addition	
CITY-ST-ZIP					2.2 N		ADDRESS		Addition	
TITLE					2.2 N 23 S	STREET			Addition	
11766	<del>                                     </del>		<u></u>	DELETE	2.2 N 23 S	STREET A		☐ Change	Addition	
NAME				DELETE	22 N 23 S 2.4 C 3.1 T	STREET A		☐ Change		
				[_] DELETE	22 N 23 S 2.4 C 3.1 T 3.2 N	STREET A CITY-S TITLE NAME		☐ Change		
NAME				DELETE	22 N 23 S 2 4 C 31 T 32 N 33 S	STREET A CITY-S TITLE NAME	ADDRESS	☐ Change		
NAME STREET ADDRESS				DELETE	22 N 23 S 2 4 C 31 T 32 N 33 S	CITY - S TITLE NAME STREET A	ADDRESS	Change Change		
NAME STREET ADDRESS CITY-ST-ZIP					2.2 N 23 S 2.4 C 3.1 Tl 32 N 3.3 S 3.4 C 4.1 Tl	CITY - S TITLE NAME STREET A	ADDRESS	Change Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE					22 N 23 S 2 4 C 3.1 T 32 N 3.3 S 3.4 C 4.1 Tl 4.2 N	CITY-S TITLE NAME STREET A CITY-S TITLE	ADDRESS	Change Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME					22N 23S 24C 31T 32N 33S 34C 4.1TI 4.2N	CITY-S TITLE NAME STREET A CITY-S TITLE	ADDRESS T-ZIP  ADDRESS ADDRESS	Change Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS					22N 23S 24C 31T 32N 33S 34C 4.1TI 4.2N	CITY-S TITLE NAME STREET A CITY-S TITLE NAME STREET A CITY-S TITLE NAME STREET A CITY-ST	ADDRESS T-ZIP  ADDRESS ADDRESS	Change Change Change Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ DELETE	22 N 23 S 2.4 C 31 T 1 32 N 33 S 34 C 41 T 1 4.2 P 4.3 S 4.4 C 5.1 T	CITY-S TITLE NAME STREET A CITY-S TITLE NAME STREET A CITY-S TITLE NAME STREET A CITY-ST	ADDRESS T-ZIP  ADDRESS ADDRESS	Change Change Change Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE				☐ DELETE	22 N 23 S 2.4 (2 3 1 T 1 3 2 N 3 3 S 3 4 C 4 1 T 1 4 3 S 4 4 C 5 1 T 5 2 N	CITY-S TITLE NAME STREET A CITY-S TITLE NAME STREET A CITY-ST	ADDRESS T-ZIP  ADDRESS ADDRESS	Change Change Change Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME				☐ DELETE	22 N 23 S 2.4 C 31 T 32 N 3.4 C 4.1 Tl 4.2 N 4.3 S 4.4 C 5.1 T 5.2 N 5.3 S	CITY-S TITLE NAME STREET A CITY-S TITLE NAME STREET A CITY-ST	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS	Change Change Change Change Change	Addition Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS				☐ DELETE	22 N 23 S 2.4 C 31 T 32 N 3.4 C 4.1 Tl 4.2 N 4.3 S 4.4 C 5.1 T 5.2 N 5.3 S	CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET TITLE NAME STREET TITLE NAME STREET CITY-ST	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS	Change Change Change Change Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ DELETE	22 N 23 S 2.4 C 31 T 32 N 33 S 34 C 4.1 Ti 4.2 P 4.3 S 4.4 C 5.1 T 5.2 N 5.3 S 5.4 C 6.1 T	CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET TITLE NAME STREET TITLE NAME STREET CITY-ST	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS	Change Change Change Change Change	Addition Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE THE STREET ADDRESS CITY-ST-ZIP TITLE				☐ DELETE	22 N 23 S 2.4 C 31 T 32 N 3.3 S 3.4 C 4.1 Tl 4.2 N 4.3 S 4.4 C 5.1 T 5.2 N 5.3 S 5.4 C 6.1 Tl 6.2 N	CITY-S TITLE NAME STREET / CITY-S TITLE NAME STREET / TITLE NAME STREET / TITLE NAME CITY-SITTLE NAME TITLE NAME NAME NAME NAME NAME	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS	Change Change Change Change Change	Addition Addition	

indicated on this annual report or supplied with this tiling does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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.

JOSEPH P. DEL CAMPO, PRES 796