Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90086 042 ***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 # P97000057749

1. Corporation Name

THE EXCALIBUR GROUP, INC.

Principal Place 4455 N.W. 89TH CORAL SPRING	I WAY	Mailing Address 4455 N.W. 89TH WAY CORAL SPRINGS FL 33065				DO NOT WRITE IN T	IIS SPACE	
						3. Date Incorporated or Qualifed	IIS STACE	
					_	07/01/1997 4. FEI Number	11.	antiad Car
2. Principal Place of Business 2a. Mailing Address						65-0764548)	Applied For lot Applicable
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.						00-0704040		Additional
— ' '	27	•			5. Certificate of Status Desired .		Fee Required	
City & State		City & State			_	6. Election Campaign Financing	\$5.00	May Be
23	y di State				Trust Fund Contribution Added to Fees			
Zip	Country				_	8. This corporation owes the current year	Intangible	
24	25 29 30				Personal Property Tax.			□No
9 Name and Address of Current Registered Agent					_	10. Name and Address of New Register	ed Agent	
DEL CAMPO, JOSEPH P					ame treet Addre	ess (P.O. Box Number is Not Acceptable)	-	
4455 N.W. 89TH WAY								
CORAL SPRINGS FL 33065				13			, .	
			8	14 C	ity	F	85 Zip	Code
office or n	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the obligi	e of Florida. Such change was aut	thorized b	y the	med corpo corporation	oration submits this statement for the purpose n's board of directors. I hereby accept the ap	of changing it pointment as r	ts registered registered
SIGNATURE								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agen					nature required			
12.		ND DIRECTORS	13.		- 1:17	ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	
TITLE	P	☐ DELETE	1.1 TITLE		VIC	E PRISIDENT	L_1 Change	Auguson
NAME	DECOMM 6, COCH IVI		1.2 NAM		CA	THERINE P. COX 55 N-W. 89+1 Way		Į.
STREET ADDRESS	LELI ABONEGO, TITO TITO TO THE TOTAL		1.3 STRE	EET ADD	RESS 44	55 N-W 8971 Way		
CITY-ST-ZIP			_	1.4 CITY-ST-ZIP		ral Springs, A. 3306	Change	Addition
TITLE				2.1 TITLE		· / /	∪ Change	B C Addition
NAME			2.2 NAM	E	Ì			ì
STREET ADDRESS			2.3 STRE	EET ADD	RESS	•		
CITY-ST-ZIP			2. 4 CITY	/-ST-ZIF	3			
TITLE		☐ DELETE	3.1 TITLE	Ē			Change	Addition
NAME			3.2 NAM	E				
STREET ADDRESS			3.3 STRE	EET ADD	RESS			ł
CITY-ST-ZIP		<u></u>	3.4. CITY	-ST-ZIF	,			
TITLE		☐ DELETE	4.1 TITLE	Ē	1		☐ Change	Addition

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, with all other like empowered.

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY- ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

DELETE

DELETE

Change

Change

☐ Addition

☐ Addition