## **PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000014226

TRANSPORTATION BY EXCEL, INC.

## **FILED** Mar 29, 1999 8:00 am Secretary of State

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Principal Place	e of Business	Mailing Address			]	f idetifer ud ibrat seut dant dans gent gent da.		,	
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		NAPLES FL 33942		•		DO NOT WRITE IN THE	S SDACE		
					F	3. Date incorporated or Qualifed	3 3FAOL		Į
					i	02/12/1998			
		Vo. Mailles Address			—}	4. FEI Number	- ΙΑ	oplied For	l i
	tace of Business	2a. Mailing Address	<b>v</b>			1,5-0472044		ot Applicable	! <b>]</b>
	Arnold Ave Ste#5	26 46 27 Arnold	HV	C. 314	_>_	<del></del>		Additional	<b>.</b>
Suite, Apt		r.	;	e Water that is a second to		5. Certificate of Status Desired 🔲 -		equired	!
City & State	<u>es.FL</u>	27 City & State	· 			6. Election Campaign Financing	\$5:00	May Be	
23 34106		28 34104	Cic	llier		Trust Fund Contribution	•	to Fees	
Zip Zip	Country	Zip	Cou	7UpA 5-777-2-1		8. This corporation owes the current year in	ntangible		l
24	25	29 3	0	·		Personal Property Tax.	Yes	□No	İ
	9. Name and Address of Current	_ <u></u>		1		10. Name and Address of New Registered	Agent		1 +
<del></del>				81 Name					!
GOL	D, AARON J			82 Street	Addense	s (P.O. Box Number is Not Acceptable)			l
704 WEST BAY STREET				or ones	Annese				[ ]
MAT	PA FL 33606			83					
				-			85 Zip	Code	
				84 City		FI	_   63   21P	Coop	1
11. Pursuam office of r agent. I a SIGNATURE	to the provisions of Sections 607.0502 egistered agent, or both, in the State or im familiar with, and accept the obligation	and 607.1508, Florida Statutes f Florida. Such change was authors of, Section 607.0505, Florid	the a horized a Stat	bove-named d by the corp utes.	corpora oration's	ation submits this statement for the purpose of s board of directors. I hereby accept the appa	of changing its pintment as re	s registered egistered	
SIGNATURE	Signature, typed or printed name of registered agent			Agent signature	required wh		No professi	200 111 40	<b>∞</b> ,
12.	OFFICERS AND		13.		<del></del>	ADDITIONS/CHANGES TO OFFICERS A	Change	Addition	. ≦ ".
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	D	□ DELETE	1.4 Cl 2.1 Π	ITY-ST-ZIP ITLE			[2]Shange	☐ Addition	CR2E034 (11/98)
NAME	PEASE, BRYAN L.S.		1.4 CI 2.1 TI 2.2 N	ITY-ST-ZIP ITLE AME			T	Addition	SR.
NAME STREET ADDRESS	PEASE, BRYAN L.S. 4527 ARNOLD AVENUE		1.4 CI 2.1 TI 22 NJ 2.3 SI	ITY-ST-ZIP ITLE AME TREET ADDRESS	416	27 Arnold Ave. Ste	T	Addition	CR
	PEASE, BRYAN L.S.	☐ DELETE	1.4 CI 2.1 TI 22 NJ 2.3 SI 2.4 C	ITY-ST-ZIP ITLE AME TREET ADDRESS XTY-ST-ZIP	46	27 Arnold Ave. Ste aples Fe. 34104	#S	<del>-</del> .	CR
STREET ADDRESS	PEASE, BRYAN L.S. 4527 ARNOLD AVENUE		1.4 CI 2.1 TI 2.2 NJ 2.3 SI 2.4 C 3.1 TI	ITY-ST-ZIP TILE AME TREET ADDRESS STY-ST-ZIP TILE	246	27 Arnold Ave. Ste aples, Fe. 34104	T	<del>-</del> .	CR
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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 path; that I am an officer or director of the corporation or the receipter or thector amount of the corporation of the cor

SIGNATURE: