

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 # P98000015752

1. Corporation Name
EXCELL REALTY II, INC.

Principal Place of Business
**14955 GULF BOULEVARD
MADEIRA BEACH FL 33708**

Mailing Address
**14955 GULF BOULEVARD
MADEIRA BEACH FL 33708**

FILED
Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90043 030 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/17/1998

4. FEI Number ☒ Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Election Campaign Financing ☐ **\$5.00** May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**O'NEAL, ROCK
14501 GULF BLVD.
MADEIRA BEACH FL 33708**

81 Name **Ken Gheen**

82 Street Address (P.O. Box Number is Not Acceptable)
14955 Gulf Blvd.

83

84 City **Madeira Beach**

85 Zip Code **FL 33708**

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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Kenneth Gheen*

2-19-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **STPD** ☒ DELETE
NAME **HENSLEY, DONALD E**
STREET ADDRESS **14955 GULF BLVD.**
CITY-ST-ZIP **MADEIRA BEACH FL 33708**

1.1 TITLE **STPD** ☐ Change ☒ Addition
1.2 NAME **Kenneth Gheen**
1.3 STREET ADDRESS **14955 Gulf Blvd.**
1.4 CITY-ST-ZIP **Madeira Beach, FL 33708**

TITLE **V** ☒ DELETE
NAME **DEMONT, MARY F**
STREET ADDRESS **15024 MADEIRA WAY**
CITY-ST-ZIP **MADEIRA BEACH FL 33708**

2.1 TITLE **V** ☐ Change ☒ Addition
2.2 NAME **Katarina Cannon**
2.3 STREET ADDRESS **14955 Gulf Blvd.**
2.4 CITY-ST-ZIP **Madeira Beach, FL 33708**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
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, with all other like empowered.

SIGNATURE: *Kenneth Gheen* SIGNATURE REQUIRED

2-19-99 727-391-5512

Date Daytime Phone #

CR2E034 (11/98)