## 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 # P98000063648

1. Corporation Name

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WINTER PARK FL 32789

EXCEL BUSINESS SYSTEMS, INC.

Principal Place of Business				
784 HAROLD AVE WINTER PARK FL 32789				
, , , , , , , , , , , , , , , , , , ,				

Mailing Address

784 HAROLD AVE WINTER PARK FL 32789

## FILED Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90091 036 \*\*\*150.00



<del></del>			DO NOT WRITE IN THIS SPACE		
			3. Date Incorporated or Qualifed 07/14/1998		
t. Principal Place of Business 2a. Mailing Address 26		4. FEI Number 59 - 3527418	Applied For Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc. 27 Suite 101		Le Contifonto of Status Desired	.75 Additional ee Required	
City & State	City & State			5.00 May Be dded to Fees	
Zip Country	Zip Cc	untry	8. This corporation owes the current year Intangible Personal Property Tax.		
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
Stevenson, Terry L 784 Harold Ave		81 Name 82 Street Addr	ress (P.O. Box Number is Not Acceptable)		

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.

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84 City

SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition DELETE Change 1.1 TITLE TITLE 1.2 NAME Traci L. Dreyer NAME Suite 101 184 Harold Ave. 1.3 STREET ADDRESS STREET ADDRESS Winter Park, FL 32089 1.4 CITY-ST-ZIF CITY-ST-ZIP ☐ Change ☐ Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY+ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition 6.1 TITLE □ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-7IP

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:



GR2F034 /11/98

85 Zip Code