**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000090888

1. Corporation Name

EXCEL PERSONAL COMPUTING SERVICES, INC.

						AI)	
Principal Place of	Business	Mailing Address			119 19111 98181 18181 19191 1911 1	,,,,	
4185 W LAKE MARY BLVD SUITE 145 LAKE MARY FL 32746		4185 W LAKE MARY BLVI LAKE MARY FL 32746	D., SUITE 145	DO NOT WRITE IN TH	HIS SPACE		
				3. Date Incorporated or Qualifed			
				10/26/1998		ĺ	
2. Principal Place	of Rusiness	2a. Mailing Address		4. FEI Number	Applied For		
21	Of Eddinoso	26 4185 W. La	Ke Mont Blvd.	59 - 354 - 0686	Not Applica		
Suite, Apt. #, e	tc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional	1	
22		27 SUIT C145	7	J. Certificate of Status Desired	Fee Required		
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	Į	
23		28 Lake Mar	+, Horiou	Trust Fund Contribution	Added to Fees		
Zip	Country	Zip 327410	Country	8. This corporation owes the current year			
24	25	29 Foria	30 1.5.7	Personal Property Tax.	☐ Yes ☐ No		
	<ol><li>Name and Address of Curre</li></ol>	nt Registered Agent		10. Name and Address of New Register	ad Agent		
LEWIS, JAMES T III				ames T. Lewis Tit			
	LAKE MARY BLVD., SUITE	1.45	82 Street Add	82 Street Address (P.O. Box Number is Not Acceptable)			
	IARY FL 32746	143			<del></del>		
LANE M	MNI FL 32/40		83				
			84 City		85 Zip Code		
				F	_		
11. Pursuant to the	ne provisions of Sections 607.05	02 and 607.1508, Florida Statu e of Florida. Such change was:	ites, the above-named cor authorized by the corporal	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap	of changing its registere pointment as registered	'a	
agent. I am fa	amiliar with and accept the oblig	ations of, Section 607.0505, Fl	orida Statutes.	1 - 4 1 1/01	1000		
SIGNATURE	bone	2 7 Leven	<del>20</del> 4	resident 912	////	1	
	eture, typed or pripled name of registered ago		E: Registered Agent signature require 13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 10	5	
12.		ND DIRECTORS		<del></del>	Change Add		
TITLE	Hesideral	WISTIF REI	, tend	ice President			
NAME	James The		12 NAME	atisha V. Lewis 1185 W. Lake Mary Blvd.,	suite 145		
STREET ADDRESS	185 W. LAKE	mary BIVD	1.3 STREET ADDRESS	ake Mary, Fl 32746	301101		
CITY-ST-ZIP	ace many to	DELETE	1.4 CITY-ST-ZIP	OKETHON JET 327-78	☐ Change ☐ Add	dition	
TITLE		- Deterte	1				
NAME			2.2 NAME			ĺ	
STREET ADDRESS			2.3 STREET ADDRESS		*		
CITY-ST-ZIP		□ DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		Change Add	dition	
TITLE			3.2 NAME				
NAME			3.3 STREET ADDRESS	*	, = <del>.</del>	-	
STREET ADDRESS			3.4. CITY-ST-ZIP				
CITY-ST-ZIP TITLE		□ DELETE	3.4. CHY-SI-ZIP 4.1 TITLE		☐ Change ☐ Add	lition	
NAME			4. 2 NAME		<del>-</del>		
STREET ADDRESS			4.3 STREET ADDRESS			}	
			4.4 CITY+ST-ZIP			ļ	
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Add	dition	
NAME			5.2 NAME		- · · <del>-</del>		
I WHAT I							

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 ob an attachment with an address, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CiTY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

☐ Change

☐ Addition

May 04, 1999 8:00 am Secretary of State

05-04-1999 90127 040 \*\*\*158.75