


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # S09848 (0) 1. Corporation Name EXCEL COMPUTER SERVICES OF SOUTH FLORIDA, INC.		
Principal Place of Business 14601 N BECKLEY SQUARE DAVIE FL 33325		Mailing Address 14601 N BECKLEY SQUARE DAVIE FL 33325



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 10/31/1990	
				4. FEI Number 65-0225805	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent STAGNI, KENNETH A 14601 N BECKLEY SQUARE DAVIE FL 33325				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code			
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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  (NOTE: Registered Agent signature required when reinstating) DATE 1/18/98

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	NAME	STAGNI, KENNETH A	1.1 TITLE		1.2 NAME	
STREET ADDRESS		STREET ADDRESS	14601 N BECKLEY SQUARE	1.3 STREET ADDRESS		1.4 CITY - ST - ZIP	
CITY - ST - ZIP		CITY - ST - ZIP	DAVIE FL	2.1 TITLE		2.2 NAME	
				2.3 STREET ADDRESS		2.4 CITY - ST - ZIP	
				3.1 TITLE		3.2 NAME	
				3.3 STREET ADDRESS		3.4 CITY - ST - ZIP	
				4.1 TITLE		4.2 NAME	
				4.3 STREET ADDRESS		4.4 CITY - ST - ZIP	
				5.1 TITLE		5.2 NAME	
				5.3 STREET ADDRESS		5.4 CITY - ST - ZIP	
				6.1 TITLE		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 of the same 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 any attachment with an address.

SIGNATURE:  REQUIRED

1/18/98 958 3703428

CR2E084 (10/97)