FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

S32034 **DOCUMENT #**

(8)

THE EXCEL PROGRAM, INC.

Principal I	Place (of Busi	ness
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Malling Address

2865 SCOTT MILL ESTATES DRIVE

2865 SCOTT MILL ESTATES DRIVE



JACKSONAL	LLE FL 32251	ANONDONVILLE: PL 32	2231						
						3. Date incorporated or Qualified 01/24/1991	3a. Date of t 04/	ast R 04/1	
2. Principal Pla	ce of Business	2a. Mailing Address				4. FEI Number 59-3040390			Applied For Not Applicable
21		26	·			00 00 10000			``
22 Suite, Apt. #	buite, Apt. #, etc. Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional Required		
City & State					6. Election Campaign Financing		\$5.0	0 Мау Ве	
23		28				Trust Fund Contribution	LJ		d to Fees
Zip	Country	Zip	Cou	untry		8. This corporation has liability for i		nder s	199.032,
24	25	29	30			Florida Statutes			
	g. Name and Address of Current	Registered Agent			·	10. Name and Address of New R	egistered Age	nt	
				81	Name				
	le, a. Heath			82	Street Addre	ss (P.O. Box Number is Not Acceptab	lei		
2865 S	COTT MILL ESTATES DRIVE			-	Oli Oct 7 idare				
JACKS	ONVILLE FL 32257			83					
l				84	City		E' 8	5 Zi	o Code
				11		ition submits this statement for the pur		Ц	1.
or registere	of agent, or both, in the State of Florid h, and accept the obligations of, Section	a. Such change was authorize	ed by the	corp	oration's board	d of directors. I hereby accept the appo	pose of changi pintment as reg	sterec	agent. I am
SIGNATORE:	Signature, typed or printed makin of registered agent a	no til e il applicable (NC)	1E: Registere	d Agen	nt signature recjuired	when roinstating)	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFI			
TITLE	PTD	☐ DELETE	1, 1	TITLE			. □ 0	hange	Addition
NAME	WHITTLE, MARY ELLEN		1.2 N	AMÉ					
STREET ADDRESS	2865 SCOTT MILL ESTATES		1.3 S	TREET	ADDRESS				
CITY-S1-ZIP	JACKSONVILLE FL		1.4 0	HY-S	I-ZIP				
TITLE	VSD	☐ DELETE	2 1	TITLE			□ c	hange	☐ Addition
NAME	WHITTLE, A. HEATH		22 N	IAME					
STREE1 ADDRESS	2865 SCOTT MILL ESTATES	ı	235	STREET	ADDRESS				
CITY - ST - ZIP	JACKSONVILLE FL		2.4 0	OITY-S	ST - Z-P				
TITLE		☐ DELETE	3 1	1111E				hange	Addition
NAME			32 N	IAME					
STREET ADDRESS			3.3.5	STREET	T ADDRESS				
CITY-ST-ZIP			340	CITY-S	ST - 7IP				
TITLE		DELETE	4.1	TITLE				hange	Addition
NAME			421	IAME					
STREET ADDRESS			4.3 \$	STREET	ADDRESS				
CITY-ST-ZIP			4.4 (OITY-S	61 - ZIP				
TITLE		□ DELETE		TITLE				hange	Addition
NAME			5.2 N	AME					
STREET ADDRESS			5.3 \$	STREET	ADDRESS				
CITY-ST-ZIP			1	DITY-S					
TITLE		DELETS:	6 1					hange	Addition
NAME				NAME			Broad .	ŭ	
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			5.4 (DITY-S	11-71F				

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 logal effect as if made under oath; that I am an officer or director of the corporation or the receiver rustee 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.

Blank Whith CA. Heath Whittle) 4/30/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR