

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Barbara B. Norman
Secretary of State
Division of Corporations

**APPROVED
AND
FILED**

DOCUMENT # S33366 (3)

1. Corporation Name:

EXCALIBUR MARKETING & ASSOCIATES INC.

APR 26 1996 5:35

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2. Principal Office Location:

Mailing Address:

**4500 N MIAMI RD
SUITE 219
SUNRISE FL 33351**

**4500 N MIAMI RD
SUITE 219
SUNRISE FL 33351**

(If Not, Write in This Space)

2. Principal Office Location:

2a. Mailing Address:

21 10571 NW 53RD ST.

26 10571 NW 53RD ST.

22. City, State:

27. City, State:

23 SUNRISE, FL

27 SUNRISE, FL

24. ZIP Code:

29. ZIP Code:

24 33351 25 USA

29 33351 30 USA

3. Date of Registration:

02/21/1991

3a. Date of Last Report:

04/26/1994

4. FIC Number:

65-0260558

Applied For:

☐ Not Applicable

5. Certificate of State Issued:

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution:

☐

**\$5.00 May Be
Added to Fees**

6. This corporation has liability for obligations for which it is liable
Florida Statutes: ☐ Yes ☒ No

9. Name and Address of Current Registered Agent:

10. Name and Address of New Registered Agent:

**STARUSTA, LEON J.
105 KETCH DR
SUNRISE FL 33326**

81. Name:

82. Street Address: (If None, Number is Not Applicable)

83.

84. City:

FL

85. Zip Code:

11. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and deemed equally for the corporation stated in Section 11.01(1)(b), Florida Statutes. Further, I certify that the information 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 officer or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1 or Block 2 of this report as an officer or trustee with an address.

Default:

12. OFFICER, DIRECTOR, AND TRUSTEE:

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS:

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2. Name:	STARUSTA, LEON J.
3. Name:	105 KETCH DR
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SIGNATURE:

LEON STARUSTA
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/95 305 742 8528
Date and Telephone Number