

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S33366** (3)

1. Corporation Name

EXCALIBUR MARKETING & ASSOCIATES INC.



Principal Place of Business

Mailing Address

~~10571 NW 53RD ST.~~ **5405 NW 102 AVE**
~~SUITE 219~~ **SUITE 231**
~~SUNRISE FL 33351~~ **SUNRISE, FL 33351**
~~US~~

~~10571 NW 53RD ST~~ **5405 NW 102 AVE**
~~SUITE 219~~ **SUITE 231**
~~SUNRISE FL 33351~~ **SUNRISE FL 33351**
~~US~~

SAME

2. Principal Place of Business

2a. Mailing Address

21 **5405 NW 102 AVE**

26 **5405 NW 102 AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **231**

27 **231**

City & State

City & State

23 **SUNRISE FL**

28 **SUNRISE FL**

Zip

Country

Zip

Country

24 **33351**

25 **USA**

29 **33351**

30 **USA**

9. Name and Address of Current Registered Agent

3. Date incorporated or Qualified

02/21/1991

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0260558

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

STARUSTA, LEON J.
105 KETCH DR
SUNRISE FL 33326

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

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

Signature, typed or printed name of registered agent and fee, if applicable

(If "C" Registered Agent signature required when registering)

Date

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **STARUSTA, LEON J.**
STREET ADDRESS **105 KETCH DR**
CITY-ST-ZIP **SUNRISE FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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.

SIGNATURE:

Leon J. Starusta DIRECTOR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/20/96
Date

954-749-5535
Telephone #

CR2E034 (12/95)