

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

FILED

Apr 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S75438** (9)

1. Corporation Name
EXCEL AUTO GROUP, INC.



Principal Place of Business 3000 INDEPENDENT SQUARE JACKSONVILLE FL 32202	Mailing Address 3000 INDEPENDENT SQUARE JACKSONVILLE FL 32202-5041
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3. Date Incorporated or Qualified 08/21/1991	3a. Date of Last Report 03/15/1996
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-3083611	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip	28 Zip	Country	Country
24 Zip	25 Country	29 Zip	30 Country

9. Name and Address of Current Registered Agent

**MCCORMICK, NORMA
3000 INDEPENDENT SQUARE
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 title if applicable (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PTD	<input type="checkbox"/> DELETE	1.1 TITLE PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FUSILLO, PAUL F		1.2 NAME FUSILLO, PAUL F	
STREET ADDRESS 1416 S HARBOR CITY BLVD		1.3 STREET ADDRESS 440 S. HARBOR CITY BLVD.	
CITY- ST- ZIP MELBOURNE FL		1.4 CITY- ST- ZIP MELBOURNE, FL 32901	
TITLE V	<input type="checkbox"/> DELETE	2.1 TITLE V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FUSILLO, PAUL F JR		2.2 NAME FUSILLO, PAUL F JR.	
STREET ADDRESS 1416 S. HARBOR CITY BLVD.		2.3 STREET ADDRESS 440 S. HARBOR CITY BLVD.	
CITY- ST- ZIP MELBOURNE FL		2.4 CITY- ST- ZIP MELBOURNE, FL 32901	
TITLE S	<input type="checkbox"/> DELETE	3.1 TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FUSILLO, DULCIE ANN		3.2 NAME FUSILLO, DULCIE ANN	
STREET ADDRESS 1416 S HARBOR CITY BLVD		3.3 STREET ADDRESS 440 S HARBOR CITY BLVD.	
CITY- ST- ZIP MELBOURNE FL		3.4 CITY- ST- ZIP MELBOURNE, FL 32901	
TITLE V	<input type="checkbox"/> DELETE	4.1 TITLE V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FUSILLO, STEPHEN R		4.2 NAME FUSILLO, STEPHEN R.	
STREET ADDRESS 1416 S. HARBOR CITY BLVD.		4.3 STREET ADDRESS 440 S. HARBOR CITY BLVD.	
CITY- ST- ZIP MELBOURNE FL		4.4 CITY- ST- ZIP MELBOURNE, FL 32901	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do 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 person 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:  **PAUL F FUSILLO, PRES.** 3/28/97 407-723-2941

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0028313

CR2E034 (9/96)