

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED), MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **V24273 (7)**  
1. Corporation Name: **EXCEL CONNECTION, INC.**



Principal Place of Business: **771 VILLAGE BLVD. #213 WEST PALM BEACH FL 33409**  
Mailing Address: **771 VILLAGE BLVD. #213 WEST PALM BEACH FL 33409**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	<b>115 FAIRWAY LANE</b>	26	<b>115 FAIRWAY LANE</b>	<b>03/27/1992</b>	<b>03/23/1995</b>
22	Suite, Apt # etc.	27	Suite, Apt #, etc.	4. FEI Number	Applied For / Not Applicable
23	City & State: <b>WEST PALM BCH, FL</b>	28	City & State: <b>WEST PALM BCH, FL</b>	<b>65-0321658</b>	<b>\$8.75 Additional Fee Required</b>
24	Zip: <b>33411</b>	29	Zip: <b>33411</b>	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
25	Country	30	Country	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
<b>PROUT, ROBERT E 2850 WILDERNESS RD. WEST PALM BEACH FL 33409</b>				7. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	City
				84	Zip Code
				<b>FL</b>	

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 of Present Registered Agent (if changed)

Signature of New Agent (if required)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PROUT, ROBERT E</b>	1.2 NAME	
STREET ADDRESS	<b>2850 WILDERNESS</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33409</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VP ST</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WHEELER, JOHNNIE WARD</b>	2.2 NAME	
STREET ADDRESS	<b>115 FAIRWAY LANE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33411</b>	2.4 CITY-ST-ZIP	
TITLE	<b>ST</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KLEIN, HOWARD</b>	3.2 NAME	
STREET ADDRESS	<b>10518 LAKE VISTA CIRCLE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL 33498</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VP</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRIEDMAN, LAUREN</b>	4.2 NAME	
STREET ADDRESS	<b>234 PINE HOV B-12</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE WORTH FL 33409</b>	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>VP</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>YOLANDA AHNE-LAGASSEY</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>4431 Camrose Lane</b>
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	<b>West Palm Beach, FL 33417</b>
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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Johnnie W. Wheeler** Johnnie W. Wheeler - 6-30-96-561-7955280  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)