

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

115 FAIRWAY LN
WEST PALM BEACH FL 33411
US

Mailing Address

115 FAIRWAY LANE
WEST PALM BEACH FL 33411
US

FILED
Jul 15 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/27/1992

4. FEI Number

65-0321658

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

2. Principal Place of Business

21 13694 CALLINGTON DR.

2a. Mailing Address

26 13694 CALLINGTON DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 WELLINGTON, FLORIDA

City & State

28 WELLINGTON, FLORIDA

Zip

24 33414

Country

25 U.S.A.

Zip

29 33414

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

PROUT, ROBERT E
2850 WILDERNESS RD.
WEST PALM BEACH FL 33409

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME PROUT, ROBERT E

STREET ADDRESS 2850 WILDERNESS

CITY-ST-ZIP WEST PALM BEACH FL 33409

TITLE VPST ☐ DELETE

NAME WHEELER, JOHNNIE WARD

STREET ADDRESS 115 FAIRWAY LANE

CITY-ST-ZIP WEST PALM BEACH FL

TITLE VP ☐ DELETE

NAME AHNE-LAGASSEY, YOLANDA

STREET ADDRESS 4451 CAMROSE LANE

CITY-ST-ZIP WEST PALM BEACH FL

TITLE VP ☐ DELETE

NAME FRIEDMAN, LAUREN

STREET ADDRESS 7777 CEDARHURST CT

CITY-ST-ZIP LAKE WORTH FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

VPST
WHEELER, JOHNNIE WARD
13694 CALLINGTON DR.
WELLINGTON, FLORIDA, 33414

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 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 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 *[Signature]* H S-98-511 795-5120

CR2E034 (5/98)