


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

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Feb 21, 1999 8:00 am
Secretary of State

02-21-1999 90062 048 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS																									
DOCUMENT # V24273 1. Corporation Name EXCEL CONNECTION, INC.																											
Principal Place of Business 13694 CALLINGTON DR WELLINGTON FL 33414 US		Mailing Address 13694 CALLINGTON DR WELLINGTON FL 33414 US																									
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29																									
3. Date Incorporated or Qualified 03/27/1992		4. FEI Number 65-0321658																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees																									
7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No																									
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																											
12. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"> TITLE P NAME PROUT, ROBERT E STREET ADDRESS 2850 WILDERNESS CITY-ST-ZIP WEST PALM BEACH FL 33409 </td> <td style="width:50%; text-align: right;"> <input type="checkbox"/> DELETE </td> </tr> <tr> <td> TITLE VPST NAME WHEELER, JOHNNIE WARD STREET ADDRESS 13694 CALLINGTON DR CITY-ST-ZIP WELLINGTON FL 33414 </td> <td style="text-align: right;"> <input type="checkbox"/> DELETE </td> </tr> <tr> <td> TITLE VP NAME AHNE-LAGASSEY, YOLANDA STREET ADDRESS 4431 CAMROSE LANE CITY-ST-ZIP WEST PALM BEACH FL </td> <td style="text-align: right;"> <input type="checkbox"/> DELETE </td> </tr> <tr> <td> TITLE VP NAME FRIEDMAN, LAUREN STREET ADDRESS 7777 CEDARHURST CT CITY-ST-ZIP LAKE WORTH FL </td> <td style="text-align: right;"> <input type="checkbox"/> DELETE </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="text-align: right;"> <input type="checkbox"/> DELETE </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="text-align: right;"> <input type="checkbox"/> DELETE </td> </tr> </table>		TITLE P NAME PROUT, ROBERT E STREET ADDRESS 2850 WILDERNESS CITY-ST-ZIP WEST PALM BEACH FL 33409	<input type="checkbox"/> DELETE	TITLE VPST NAME WHEELER, JOHNNIE WARD STREET ADDRESS 13694 CALLINGTON DR CITY-ST-ZIP WELLINGTON FL 33414	<input type="checkbox"/> DELETE	TITLE VP NAME AHNE-LAGASSEY, YOLANDA STREET ADDRESS 4431 CAMROSE LANE CITY-ST-ZIP WEST PALM BEACH FL	<input type="checkbox"/> DELETE	TITLE VP NAME FRIEDMAN, LAUREN STREET ADDRESS 7777 CEDARHURST CT CITY-ST-ZIP LAKE WORTH FL	<input type="checkbox"/> DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"> 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP </td> <td style="width:50%;"> P. PROUT ROBERT E. 17244 BAY ST. JUPITER, FL 33477 </td> </tr> <tr> <td> 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP </td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td> 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP </td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td> 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP </td> <td> V.P FRIEDMAN LAUREN 464 MARINER PL JUPITER, FL 33477 </td> </tr> <tr> <td> 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP </td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td> 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP </td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> </table>		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P. PROUT ROBERT E. 17244 BAY ST. JUPITER, FL 33477	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	V.P FRIEDMAN LAUREN 464 MARINER PL JUPITER, FL 33477	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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, with all other like empowered.

SIGNATURE: Johnnie Ward Wheeler **JOHNNIE WARD WHEELER** 1-8-98- 561-795-5280
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)