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 # M13992 (6)

1. Corporation Name

EXCEL PROCESS SERVERS, INC.

Principal Place of Business	Mailing Address
20801 BISCAYNE BOULEVARD SUITE 304 ARENTURA FL 33180 US	20801 BISCAYNE BOULEVARD SUITE 304 AVENTURA FL 33180 US

3. Date Incorporated or Qualified	3a. Date of Last Report
04/16/1985	01/17/1995

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt #, etc.	
22		27	
City & State		City & State	
23 Aventura		28	
Zip	Country	Zip	Country
24	25	29	30

4. FEI Number	Applied For
59-2539133	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

9. Name and Address of Current Registered Agent

FREEMAN, DENNIS B., P.A.
1001 IVES DAIRY ROAD
SUITE 206
MIAMI FL 33179

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable) 20801 Biscayne Blvd., Suite 304
83	
84	City Aventura FL 85 Zip Code 33180-1422

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	PST	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition	
NAME	FREEMAN, HAROLD		1.2 NAME		
STREET ADDRESS	1001 IVES DAIRY RD #206		1.3 STREET ADDRESS	20801 Biscayne Blvd., Suite 304	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	Aventura, Fl. 33180-1422	
TITLE	D	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition	
NAME	FREEMAN, HAROLD		2.2 NAME		
STREET ADDRESS	1001 IVES DAIRY RD #206		2.3 STREET ADDRESS	20801 Biscayne Blvd., Suite 304	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	Aventura, Fl. 33180-1422	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition	
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition	
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: _[signature]_   Harold Freeman, President   1/18/96   305-682-8500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #