SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 28, 1999 8:00 am
Secretary of State
07-28-1999 90009 023 ****61.25

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DOCUMENT # N08312

1. Corporation Name

FLORIDA ASSOCIATION OF PROFESSIONAL PROCESS SERV ERS, INC.

Principal Place of Business	Mailing Address
106 LONGHORN ROAD WINTER PARK FL 32792 US	106 LONGHORN ROAD WINTER PARK FL 32792 US

* 597335 - 90009 - 23 *

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	03/21/1985
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number: 59-2463953 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

MUSSER, ROBERT D
106 LONGHORN ROAD
WINTER PARK FL 32792

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MUSSER, ROBERT D		1.2 NAME		
STREET ADDRESS	106 LONGHORN ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL		1.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	KEETON, EILEEN		2.2 NAME		
STREET ADDRESS	P.O. BOX 510110		2.3 STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA FL 33951		2.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	3.1 TITLE	P	☒ Change ☐ Addition
NAME	LIPPMAN, JACK		3.2 NAME		
STREET ADDRESS	4030 POWERLINE RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL 33309		3.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE	V	☒ Change ☐ Addition
NAME	VAUSE, TODD		4.2 NAME		
STREET ADDRESS	655 E TENNESSEE ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32308		4.4 CITY-ST-ZIP		
TITLE	T	☒ DELETE	5.1 TITLE	T	☐ Change ☒ Addition
NAME	ROBINSON, LYLE		5.2 NAME	WAYNE HANNA	
STREET ADDRESS	P.O. BOX 4965		5.3 STREET ADDRESS	P.O. BOX 158	
CITY-ST-ZIP	CLEARWATER FL		5.4 CITY-ST-ZIP	GREENSBORO FL 32330	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	EISENBURG, DONALD S		6.2 NAME		
STREET ADDRESS	111 N. ORANGE AVE., #1030		6.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		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 617, 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: ~~SIGNATURE REQUIRED~~ JACK LIPPMAN 7-7-99 (954)568-1900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (5/99)