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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # N9500001755 (6)

DADE COUNTY CERTIFIED PROCESS SERVERS ASSOCIATION, INC.

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Principal Plac	ce of Business	Mailing Address				E E III BEHA DOWN DOWN A	
1049 PORT	BLVD.	1049 PORT BLVD.					
SUITE 404 SUITE 404							
MIAME EL 3	3132	MIAMI FL 33132			2. Data lagaragestad as O. Elis	<u> </u>	
					 Date Incorporated or Qualified 04/13/1995 	ed 3a. Date o	Last Report
	Place of Business	2a. Mailing Address	··· · · · · · · · · · · · · · · · · ·		4. FEI Number		Applied For
1		26			_ 65°058813°	8	Not Applica
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	_ \$	8.75 Additional
City & Stat	to	27			5. Certificate of Status Desired		Fee Required
Oily & Siai	te	City & State			6. Election Campaign Financing		5.00 May Be
Zip	Country	28 Z _{IP}	T		Trust Fund Contribution		Added to Fees
	25	29 ZIP	Country	1	This corporation has liability f	or intangible tax un	der s. 199.032,
<u> </u>	9. Name and Address of Curren	it Registered Agent	30	_ ·	Florida Statutes 10. Name and Address of New	Yes No	
			81	Name	TO. Name and Address of New	v Hegistered Ager)t
MANN.	THOMAS C						
	ORT BLVD.		82	Street Addi	ddress (P.O. Box Number is Not Acceptable)		
SUITE 404 MIAMI FL 33132			83				
			84	City		F-1 65	Zip Code
1. Pursuant	to the provisions of Sections 617.0502 red agent, or both, in the State of Floric ith, and accept the obligations of, Secti	and 617,1508. Florida Statuti	es the above-	amed corner	ration or thereto this state and for the		
	Signature, typed or printed name of registered agent	and title if applicable. (NO	TL: Registered Agen	nt signature requires	d when reinstational	DATE -	
GNATURE	Signature, typed or printed name of registered agent		TE: Registered Ager	it signature required		DATE	CTORS IN 10
GNATURE	Signature, typed or printed name of registered agent OFFICERS AND			nt signature required	d when reinstating: ADDITIONS/CHANGES TO OI	FLICERS AND DIRE	
GNATURE 2.	Signature, typed or printed name of registered agent OFFICERS AND D BOBES, STEVEN	DIRECTORS	13.	nt signature required			
GNATURE LE ME	Signature, typed or printed name of registered agent OFFICERS AND D BOBES, STEVEN 1625 S.W. 83RD AVE.	DIRECTORS	13. 1.1 TITLE			FLICERS AND DIRE	
GNATURE LE ME REET ADDRESS Y · ST - ZIP	Signature, typed or printed name of registered agent OFFICERS AND D BOBES, STEVEN 1625 S.W. 83RD AVE. MIAMI FL 33155	DIRECTORS	13. 1.1 TITLE 12 NAME	ADDRESS		FLICERS AND DIRE	
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SIGNATURE:

SIGNATURA AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVEN BURES

-96 905 375 2460