

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000001755 (6)**

1. Corporation Name

**DADE COUNTY CERTIFIED PROCESS SERVERS ASSOCIATIO
N, INC.**

Principal Place of Business

Mailing Address

**1049 PORT BLVD.
SUITE 404
MIAMI FL 33132**

**1049 PORT BLVD.
SUITE 404
MIAMI FL 33132-2023**



2. Principal Place of Business 21 1001 N. American Way		2a. Mailing Address 26 1001 N. American Way		3. Date Incorporated or Qualified 04/13/1995		3a. Date of Last Report 04/09/1996	
22 Suite, Apt. #, etc. #107		27 Suite, Apt. #, etc. #107		4. FEI Number 65-0588138		Applied For <input type="checkbox"/> Not Applicable	
23 City & State Miami, Florida		28 City & State Miami, Florida		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
24 Zip 33132		25 Country USA		29 Zip 33132		30 Country USA	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

**MANN, THOMAS C
1040 PORT BLVD.
SUITE 404
MIAMI FL 33132**

81 Name

Same

82

Street Address (P.O. Box Number is Not Acceptable)
1001 N. American Way, #107

83

84

City **Miami**

FL

85

Zip Code
33132

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

THOMAS C. MANN

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/24/97

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	T/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BOBES, STEVEN			1.2 NAME			
STREET ADDRESS	1625 S.W. 83RD AVE.			1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33155			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	P/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TAYLOR, ROBERT			2.2 NAME			
STREET ADDRESS	1951 N.E. 157TH TERRACE			2.3 STREET ADDRESS			
CITY-ST-ZIP	N MIAMI BEACH FL 33162			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCGINLEY, GERALD			3.2 NAME			
STREET ADDRESS	5922 S.W. 29TH ST.			3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33155			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MANN, THOMAS C			4.2 NAME			
STREET ADDRESS	1040 PORT BLVD. SUITE 404			4.3 STREET ADDRESS	1001 N. American Way, Suite 107		
CITY-ST-ZIP	MIAMI FL 33132			4.4 CITY-ST-ZIP	Miami, Florida 33132		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	V/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				5.2 NAME	Annette Garcia		
STREET ADDRESS				5.3 STREET ADDRESS	1001 N. American Way, #107		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	Miami, Florida 33132		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	S/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				6.2 NAME	Scott Sutor		
STREET ADDRESS				6.3 STREET ADDRESS	1001 N. American Way, #107		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	Miami, Florida 33132		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE

THOMAS C. MANN

3/24/97

205-325-2460

CR2E037 (9/96)