FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

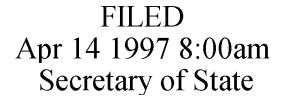
Secretary of State DIVISION OF CORPORATIONS

N95000001755 (6) DOCUMENT

DADE COUNTY CERTIFIED PROCESS SERVERS ASSOCIATIO N, INC.

Principal Place of Business

Mailing Address





1049 PORT BLV SUITE 404		1049 PORT BLVD. SUITE 404			
MIAMI FL 33132		MIAMI FL 33132-2023		3. Date Incorporated or Qualified 04/13/1995	3a. Date of Last Report 04/09/1996
2. Principal P	lace of Business N. American Way	2a. Mailing Address	······································	4. FEI Number	Applied For
<u> </u>		126 1001 N. Americ	an Way	65-0588138	Not Applicable
Sulte, Apt. #107		Suite, Apt. #, etc. 27 #107		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & Stato		6. Election Campaign Financing	\$5.00 May Be
	, Florida Country	28 Miami, Florid		Trust Fund Contribution	Added to Fees
24 33132	25 USA	^{7/0} 33132 30	Country USA		Yes 🔼 No
	9. Name and Address of Curren	Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent
1040 PO	HOMAS C RT BLVD.		1 1 1 1 1 1 1	Same Address (P.O. Box Number is Not Acceptab 01 N. American Way, #10	19
SUITE 40			199	•	
MIAMI FL	. 33132		84 City	iami.	FL 85 Zip Code 33132
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508. Florida Statutes.		corporation submits this statement for the p	
office or r agent. I a	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was auth tions of, Section 617.0503, Florid	norized by the corp a Statutes.	poration's board of directors. Thereby accep	at the appointment as registered
SIGNATURE	T40MAS C. Signature, typed or printed name of registered ager	MANN t and title if applicable (NDTE: Br	niclered Agent right	required when reinstating)	3H/ Y/
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE	T/D	Change 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	☐ DELETE	21 TITLE		Change Addition
NAME	TAYLOR, ROBERT		2.2 NAME	P/D	244
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	DELETE	3.1 TITLE		Change 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	DELETE	4.1 TITLE		Change 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		4.3 STREET AUDRESS 4.4 CHTY-ST-ZIP	Miami, Florida 33132	
TITLE	MINMI I F 00 105	DELETE	5.1 TITLE	V/D	Change xx Addition
NAME		<u></u> 0.0016	5.1 HITE 5.2 NAME	: (=	Change XX Addition
STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS	Annette Garcia	4103
				1001 N. American Way,	
CITY-ST-ZIP		DELETE	5.4 CHY-ST-ZIP	Miami, Florida 33132	Change AM Addition
TITLE		□] DEFEIC	61 TITLE	s/D	Li Criange 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	Minute Florida -33132	
TALLING heret	ov certify that the information cumplied	with this tiling dose not qualify fo	nt the exemption st	aton in Sociolo 179 07700 Fibrida Sistutos	a Liturihor cortify that the

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. 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.

3/04/97