


FILE NOW: FILING FEE IS \$61.25

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Apr 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Myrham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000001755 (6)**

1. Corporation Name

DADE COUNTY CERTIFIED PROCESS SERVERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1001 N. AMERICAN WAY
107
MIAMI FL 33132
US

1001 N. AMERICAN WAY
107
MIAMI FL 33132
US

3. Date Incorporated or Qualified

04/13/1995

4. FEI Number

65-0588138

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MANN, THOMAS C
1001 N. AMERICAN WAY
STE. #107
MIAMI FL 33132**

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

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 ☐ DELETE
NAME **TD**
BOBES, STEVEN
STREET ADDRESS **1625 S.W. 83RD AVE.**
CITY-ST-ZIP **MIAMI FL**

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **D**
Gagliani, Laurence
1.3 STREET ADDRESS **1001 N. American Way, #107**
1.4 CITY-ST-ZIP **Miami, Florida 33132**

TITLE ☐ DELETE
NAME **PD**
TAYLOR, ROBERT
STREET ADDRESS **1951 N.E. 157TH TERRACE**
CITY-ST-ZIP **N MIAMI BEACH FL**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **D**
Liotta, Joseph
2.3 STREET ADDRESS **1001 N. American Way, #107**
2.4 CITY-ST-ZIP **Miami, Florida 33132**

TITLE ☐ DELETE
NAME **D**
MCGINLEY, GERALD
STREET ADDRESS **5922 S.W. 29TH ST.**
CITY-ST-ZIP **MIAMI FL 33155**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **D**
Martin, Robert
3.3 STREET ADDRESS **1001 N. American Way, #107**
3.4 CITY-ST-ZIP **Miami, Florida 33132**

TITLE ☐ DELETE
NAME **D**
MANN, THOMAS C
STREET ADDRESS **1001 N. AMERICAN WAY, STE. #107**
CITY-ST-ZIP **MIAMI FL**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **V**
Mann, T.C.
4.3 STREET ADDRESS **1001 N. American Way, #107**
4.4 CITY-ST-ZIP **Miami, Florida 33132**

TITLE ☒ DELETE
NAME **VD**
GARCIA, ANNETTE
STREET ADDRESS **1001 N. AMERICAN WAY, #107**
CITY-ST-ZIP **MIAMI FL**

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **D**
Rosario, Adelaida
5.3 STREET ADDRESS **1001 N. American Way, #107**
5.4 CITY-ST-ZIP **Miami, Florida 33132**

TITLE ☐ DELETE
NAME **SD**
SUTOR, SCOTT
STREET ADDRESS **1001 N. AMERICAN WAY, #107**
CITY-ST-ZIP **MIAMI FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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.

SIGNATURE:

SP Bobes

Steven Bobes (Treasurer) 2/23/98 (305) 375-2460

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/97)