

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jun 22, 1999 8:00 am
Secretary of State

06-22-1999 90008 005 ****61.25

DOCUMENT # N9500001755 ✓

1. Corporation Name

DADE COUNTY CERTIFIED PROCESS
SERVER ASSOCIATION

Principal Place of Business

Mailing Address

1001 N. AMERICAN WAY, #107
MIAMI, FL 33132

CORP # N95060001755

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

City & State

27

City & State

05-0588138

Not Applicable

23

Zip

Country

28

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

24

Zip

25

Country

29

Zip

30

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

T.C. MANN
1001 N. AMERICAN WAY, #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 ROBERT MARTIN

STREET ADDRESS 1001 N. AMERICAN WAY, #107

CITY-ST-ZIP MIAMI, FL 33132

TITLE ☐ DELETE

NAME T.C. MANN

STREET ADDRESS 1001 N. AMERICAN WAY #107

CITY-ST-ZIP MIAMI, FL 33132

TITLE ☒ DELETE

NAME SECRETARY

STREET ADDRESS SCOTT SUTOR

CITY-ST-ZIP 1001 N. AMERICAN WAY #107

MIAMI, FL 33132

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME DIRECTOR

STREET ADDRESS JOE LIOTTA

CITY-ST-ZIP 1001 N. AMERICAN WAY #107

MIAMI, FL 33132

TITLE ☐ DELETE

NAME DIRECTOR

STREET ADDRESS ADELAIDA ROSARIO

CITY-ST-ZIP 1001 N. AMERICAN WAY #107

MIAMI, FL 33132

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

PRESIDENT

ROBERT MARTIN

1001 N. AMERICAN WAY, #107

MIAMI, FL 33132

SECRETARY

LAURENCE GAGLIANI

1001 N. AMERICAN WAY #107

MIAMI, FL 33132

TREASURER

STEVEN BOBET

1001 N. AMERICAN WAY #107

MIAMI, FL 33132

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:

STEVEN BOBET (TREASURER)

6/14/99

305.355.2489

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)