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May 27, 1999 8:00 am
Secretary of State

05-27-1999 90003 015 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000006789

1. Corporation Name

**BROWARD ASSOCIATION OF PROFESSIONAL PROCESS SERV
ERS, INC.**

Principal Place of Business

% CHARLES ZIRKLE
~~408 S. ANDREWS AVE., #201~~
FT. LAUDERDALE FL 33301

Mailing Address

% CHARLES ZIRKLE
~~408 S. ANDREWS AVE. #201~~
FT. LAUDERDALE FL 33301



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 4030 Powerline Rd 23 City & State FT. LAUD, FL 24 Zip 33309 25 Country USA	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	3. Date Incorporated or Qualified 12/04/1997 4. FEI Number 65-0799814 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

ZIRKLE, CHARLES
408 S. ANDREWS AVE., #201
FT. LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name **Jack Lippman**
82 Street Address (P.O. Box Number is Not Acceptable)
4030 Powerline Rd
83
84 City **FT. LAUD, FL** 85 Zip Code
33309

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	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZIRKLE, CHARLES	1.2 NAME	
STREET ADDRESS	408 S. ANDREWS AVE., #201	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUTOR, SCOTT	2.2 NAME	
STREET ADDRESS	8204 NW 201 TERR	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33015	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIPPMAN, JACK	3.2 NAME	
STREET ADDRESS	3896 POWERLINE ROAD	3.3 STREET ADDRESS	4030 Powerline Rd
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEONARD, TERESA	4.2 NAME	
STREET ADDRESS	PO BOX 774	4.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH, FL 33402	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

SIGNATURE OF REGISTERED AGENT

5-22-99 305-827-1300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)