

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000048932 (6)
1. Corporation Name

ALL FLORIDA PROCESS SERVER SUPOENA AND INVESTIGATION SERVICES, INC.

Principal Place of Business

Mailing Address

16686 NORTHEAST 19 AVENUE
SUITE 105
NORTH MIAMI BEACH FL 33162
US

POST OFFICE BOX 601335
N2ATH MIAMI BEACH F 33160
US



2. Principal Place of Business

2a. Mailing Address

21 2500 E. HALLANDALE BEACH BLVD

26 Suite, Apt #, etc.

22 SUITE 604

27 City & State

23 HALLANDALE FL

28 Zip

24 33009 25 U.S.A

29 Country

30

9. Name and Address of Current Registered Agent

SCHEMAN, MARILYN
16686 NORTHEAST 19 AVENUE
SUITE 104
NORTH MIAMI BEACH FL 33162

3. Date Incorporated or Qualified

07/06/1993

3a. Date of Last Report

08/16/1995

4. FEI Number

65-0488503

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 193.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

SCHEMAN, MARILYN

82 Street Address (P.O. Box Number is Not Acceptable)

2500 E. HALLANDALE BEACH BLVD

83

SUITE 604

84

City

HALLANDALE

FL

85

Zip Code

33009

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Marilyn Scheman

(NOTE: Registered Agent signature required when reinstating)

DATE

8/1/96

12. OFFICERS AND DIRECTORS

TITLE P
NAME STEIN, LESTER
STREET ADDRESS 20191 E. COUNTRY CLUB DR., #504
CITY-ST-ZIP N. MIAMI BEACH FL 33180

TITLE S
NAME SCHEMAN, MARILYN
STREET ADDRESS 20191 E. COUNTRY CLUB DR.
CITY-ST-ZIP N. MIAMI BEACH FL 33180

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE P
12 NAME STEIN, LESTER
13 STREET ADDRESS 2500 E. HALLANDALE BEACH BLVD.
14 CITY-ST-ZIP #604 HALLANDALE, FL 33009

21 TITLE S
22 NAME SCHEMAN, MARILYN
23 STREET ADDRESS 2500 E. HALLANDALE BEACH BLVD.
24 CITY-ST-ZIP #604 HALLANDALE FL 33009

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Marilyn Scheman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MARILYN SCHEMAN

8/1/96

(954) 458-0042

CR2E034 (3/96)