COR ANNU	E NOW: FILING PROFIT RPORATION JAL REPORT	FEE AFTI	FLORIDA DEP Sandra Secre	ARTMENT OF STAT a B Mortham tary of State	ſŧ			"
	1996	Service Control	DIVISION OF	CORPORATIONS				
<ol> <li>Corporation</li> </ol>	n Name		77308 (	3)				
EXPR	ress process serv	/ICES, INC.						
Principal Place	of Business	Ma	ling Address				)	88 11111 BE181 1811 1881
SUITE 801	IOTH COURT PRINGS FL 33065		PO BOX 9195 -SUITE-801 - CORAL SPRINGS FL 33075					
us			US			3. Date Incorporated or Qualified 11/08/1993	3a. Date of Las 04/26	t Report /1995
	HW 40th Cou		Maing Address	9195		4. FEI Number 65-0451706		Applied For Not Applicable
Suite, Apt. I	#, etc.	27	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1	75 Additional se Required
City & State  23 Cora	Springs FL	28	City & State	rings, FL		6. Election Campaign Financing frust Fund Contribution		.00 May Be
Zip 24 330 LS	Country 25 1 5	A. 29	33075	ಳುntry 30 VS_A	l	I	□No	s 199.032,
				81 Na	me	10. Name and Address of New R	egistered Agent	
	DOUGLAS R			<b>82</b> Str	eet Addres	ss (P.O. Box Number is Not Acceptab	le)	
800 E BROWARD BLVD SUITE 601 83								
FT LAI	UDERDALE FL 33301							
				<b>84</b> Oit	•		J	Zip Code
familiar wit	o the provisions of Sections 60 ed agent, or both, in the State h, and accept the obligations o	OFFICIAL SUCH (	andriae was aumonz	ed by the corporatio	d corporal on's board	ion submits this statement for the pur of directors. I hereby accept the appo	pose of changing it pintment as register	s registered office red agent. I am
SIGNATURE	Signature: typed or printed name of registe	nertager Land thrid app	4 after (full	(În Bojelêra (Ajm Esg se	Sate to proceed y	Cetatistic Grago	DATE	
12.	OF FICE	RS AND DIRECT		13.		ADDITIONS/CHANGES TO OFF		
NAME	Wattu, Linda L		DELETE	1 1 1 ITUE			Chang	je 🔲 Addition
STREET ADDRESS	7810 NW 40TH COU	RT		1.3 STREET ADDRE	:cc			
CITY-ST-ZIP	CORAL SPRINGS FL			* 4 CITY - ST - ZIP	. 55			
TITLE			DELETE	2 1 TITLE			Chang	e
NAME				2.2 NAME				
STREET ADDRESS				2.3 STREET ADDRE	:SS			
CITY - ST - ZIP				2.4 CITY - ST - ZIP				
TITLE			□ DELETE	3 1 DILE			Chang	e 🔲 Addition
NAME				3.2 NAME				
STREET ADDRESS				33 STREET ADDR	ESS			
City-ST-ZiP Title	***************************************		DELETE	3 4 C/TY - ST - Z/P				
NAME			Florreit	4 1 TITLE			☐ Chang	e
STREET ADDRESS				4.2 NAME 4.3 STREET ADORE				
CITY-SI-ZIP				4.3 STREET ADDRZ				
TITLE			DELETE	5 1 TITLE	<del></del>	· • • • · · · · · · · · · · · · · · · ·	Change	e 🔲 Addition
NAME				5.2 NAME				

€ 4 C(TY+S1+7)P 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 triis amoust 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 trie receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

5.2 NAME

6 1 Trite

6.2 NAME

54 CHY-ST ZIP

6.3 STREET ADDRESS

SIGNATURE: Linda L. Wattu Linda L. Wattu

DECE1E

2. 21

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STREET ADDRESS CITY - ST - ZIP

STREET ADDRESS

CITY-ST-ZIP

TELLE

NAME

4-15-96 (954)340-8514

Change

☐ Addition

CR2E034 (12/95)