FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

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

04-22-1999 90226 002 ***150.00

DOCUMENT # P93000077308

1. Corporation Name

EXPRESS PROCESS SERVICES, INC.

					2 00 00 0 0000 10000	42 (8) 1811 1851
Principal Plac		Mailing Address		}		
7810 NW 40TH		PO BOX 9195				
CORAL SPRINGS FL 33065 CORAL SPRINGS FL 330		CORAL SPRINGS FL 33075	DO NOT WRITE IN THIS SPACE			
,				3. Date Incorporated or Qualifed		
1				11/08/1993		
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Ap	plied For
21 4136	Kreisch Way	26 4136 Kreisch	Way	65-0451706		t Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	
22		City & State				<u> </u>
City & Stat	. n.	1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	F-1	6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added 1	
Zip Zip	hassee t	28 allahassee	Country	8. This corporation owes the current year in		003
—¬		29 32310 30	Leon	Personal Property Tax.		V No
24 3231	9. Name and Address of Current			10. Name and Address of New Registered		
	o. Hame and Addition of Surrent		81 Name			· · · · · · ·
BEL	L, DOUGLAS R		20 0	(D.O. D. N. N. hor is Not Assertable)		
800 E BROWARD BLVD			82 Street Ad	ldress (P.O. Box Number is Not Acceptable)		
SUITE 601			83			
FT L	LAUDERDALE FL 33301				or Zin (
			84 City	FL	_ 85 Zip 6	Code
office or	t to the provisions of Sections 607.0502 registered agent, or both, in the State of am familiar with, and accept the obligati	of Florida. Such change was author	rized by the corpora	orporation submits this statement for the purpose of ation's board of directors. I hereby accept the apport	f changing its intment as re	registered gistered
SIGNATURE						
	Signature, typed or printed name of registered agent		stered Agent signature requ		UD DIDECTO	OC IN 12
	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
TITLE	D MARTIN NAMES A	_	le.	ا علمان المحادا	X change	
NAME	WATTU, LINDA L	f	1.2 NAME	North Linda L.		•
STREET ADDRESS			1.3 STREET ADDRESS	1136 Kreisch Wou		
CITY-ST-ZIP	CORAL SPRINGS FL		1.4 CITY-ST-ZIP	<u> Callohassee, HL 32310</u>	Change	☐ Addition
TITLE	1		2.1 TITLE		change	[] Addition
NAME	}	f	2.2 NAME	·		
STREET ADORESS	5		2.3 STREET ADDRESS	•		
CITY-ST-ZIP	 		2:4 CITY-ST-ZIP		☐ Change	Addition
TITLE	·		3.1 TITLE		- Supugo	C) / 104(100)1
NAME		1	3.2 NAME			
STREET ADDRESS	1		3.3 STREET ADDRESS			
CITY-ST-ZIP	 		3.4. CITY-ST-ZIP 4.1 TITLE		☐ Change	Addition
TITLE	1	_	i i			
NAME.	1		4. 2 NAME			
STREET ADDRESS	§		4.3 STREET ADDRESS			
CITY-ST-ZIP	 	I.	A A CUTY OF THE		(TObsesse)	Addition
TITLE)	4	4.4 CITY-ST-ZIP			L_1 AGGGGOTI
NAME	Į.	DELETE !	5.1 TITLE		Change	_
		DELETE 5	5.1 TITLE 5.2 NAME		□ Change	-
STREET ADDRESS	5	DELETE !	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		□ Change	_
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	3	DELETE S	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change	☐ Addition
CITY-ST-ZIP	3	DELETE 6	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME			
CITY-ST-ZIP		DELETE 6	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	·		

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 607, 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: نايد

656-8084