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**PROFIT** CORPORATION ANNUAL REPORT



ELORIDA DEPARTMENT DE STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

P96000024344 (9)

DOCUMENT # PROFESSIONAL PROCESS SERVERS OF SOUTH FLORIDA. I

## **FILED** Mar 16 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 2000 N.E. 27TH STREET 2000 N.E. 27TH STREET WILTON MANORS FL 33306 WILTON MANORS FL 33306 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/14/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0663020 21 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country 6. This corporation owes or has paid the current year Intangible 24 29 25 Personal Property Tax due June 30. Yes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent FISCHER, ROBERT W 81 Name 2000 N.E. 27TH STREET Street Address (P.O. Box Number is Not Acceptable) WILTON MANORS FL 33306 83 City 84 Zip Code 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 of topic lented agend and title dispublic dal (NOTE Registered Agent signature required when reinstaling) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE Addition 1.1 TITLE Change FISCHER, ROBERT W NAME 12 NAME 2000 N.E. 27TH STREET STREET ADDRESS 1.3 STREET ADDRESS **WILTON MANORS FL 33306** City+SI-ZiP 1.4 CITY-ST-ZIP DELFTE Addition 2.1 TITLE Change FISCHER, NANCY P NAME 2.2 NAME 2000 N.E. 27TH STREET STREET ADDRESS 2.3 STREET ADDRESS **WILTON MANORS FL 33306** CITY-ST-ZIP 2. 4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CI1Y-S1-ZIP TITLE 🔲 DELETE 4.1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 City-St-ZiP DELETE THILE 51 TITLE ☐ Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CiTY-ST-ZiP DELETE THILE 61 TITLE Change Addition NAME 6.2 NAME STREET ADORESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

 I hereby certify that the information indicated on this annual report or s for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information ccurate and that my signature shall have the same legal effect as if made under oath; that I am an a execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corporation Block 12 or Block 13 if changed

SIGNATURE:

7-12-90 992-57-10-2523