Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90001 045 ***150.00

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

DOCUMENT # P98000049053

GISSEN	& ZAWYER PROCESS SERV	/ICE, INC.					
Principal Place	of Rusiness	Mailing Address			1		
Principal Place of Business		1717 NORTH BAYSHORE DRIVE					
1717 NORTH BAYSHORE DRIVE SUITE 3236		SUITE 3236		\ 			
MIAMI FL 33132		MIAMI FL 33132		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed 06/02/1998		
		2a. Mailing Address			4. FEI Number	<u> </u>	lied For
21		26		65-0843868		Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 A		
22		City & State				`	
		⊢ ′	ry & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 h Added to	- 1
Zip	Country	28	Country		8. This corporation owes the current year li		
24	25	29 3	¬ ´		Personal Property Tax.		□No
_	9. Name and Address of Current				10. Name and Address of New Registere	d Agent	
			81	Name			
GISSEN, SETH A				Street A	Address (P.O. Box Number is Not Acceptable)		
1717 NORTH BAYSHORE DRIVE				01.00171			
SUITE 3236			83				
MIAMI FL 33132 .			84	City		. 85 Zip C	ode
			1 1	•	<u></u>	LII	
11. Pursuant office or n agent. I a	to the provisions of Sections 607.0502 agistered agent, or both, in the State or m familiar with, and accept the obligation Signature, typed or printed name of registered agent	ons of, Section 607.0005, Florid	a Statutes.		corporation submits this statement for the purpose of ration's board of directors. I hereby accept the appropriate the purpose of the purpose	of changing its reg	egistered iistered
12,	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTO	RS IN 12
TITLE	P DELETE 1:		1,1 TITLE			Change	☐ Addition
NAME	GISSEN, SETH A 12		1.2 NAME				
STREET ADDRESS	ATAT MODEL OAVOLODE DON'E		1.3 STREET	ADDRESS			
CITY-ST-ZiP	MIAMI FL 33132		1.4 CITY+ST-	-ZIP			
TITLE	VP .	☐ DELETE 2.1 T				☐ Change	☐ Addition
NAME	ZAWYER, SEAN G	2.2 M			•	•	
STREET ADDRESS	1717 NORTH BAYSHORE DRIVE		2.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33132		2. 4 CITY-ST-ZIP				
TITLE			3.1 TITLE -		and the second of the second o	Change *	Addition → Addit
NAME							
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CITY-ST-ZIP				☐ Addition
TITLE	•		4.1 TITLE			☐ Change	☐ Addition
NAME			4.2 NAME	}			
3112277331233		4.3 STREET					
CITY-ST-ZIP		D SCIETE	4.4 CITY-ST	-ZIP		Change	[] Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME	1		Cuange	
INAME			TA HUMB	í			

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

305-375-0033

☐ Change

☐ Addition