

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 716626 (7)
1. Corporation Name
SERVE, INC.



Principal Place of Business: 1721 N. MACDILL AVE. TAMPA FL 33607
Mailing Address: 1721 N. MACDILL AVE. TAMPA FL 33607

3. Date incorporated or Qualified: 05/28/1969
3a. Date of Last Report: 02/20/1995

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	59-1270557	Applied For	
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	27	5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	
23	City & State	City & State	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees	
24	Zip	Country	29	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/>	Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BUHITE, RUSSELL S FOWLER, WHITE, ET AL. 501 E. KENNEDY BLVD. SUITE 1700 TAMPA FL 33602				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Russell S. Buhire, Esq. Russell S. Buhire 1-19-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SCHEUERLE, WILLIAM H		1.2 NAME	DOERFLING, DAN			
STREET ADDRESS	18412 TIMBERLAN		1.3 STREET ADDRESS	5205 FABBER CT.			
CITY-ST-ZIP	LUTZ FL 33549		1.4 CITY-ST-ZIP	TAMPA, FL 33624			
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE	VD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	DOERFLING, DAN		2.2 NAME	SCREVEN, BETTY			
STREET ADDRESS	5503 PIONEER PARK BLVD.		2.3 STREET ADDRESS	2425 SUNSET DRIVE			
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP	TAMPA, FL 33629			
TITLE	SD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	RINDE, BARBARA		3.2 NAME	BUHITE, RUSSELL S.			
STREET ADDRESS	704 SOUTH ROME AVE.		3.3 STREET ADDRESS	3405 GRAY CT.			
CITY-ST-ZIP	TAMPA FL 33606		3.4 CITY-ST-ZIP	TAMPA, FL 33609			
TITLE	TD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	TD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BUNNELL, ROBERT		4.2 NAME	SAMPSON, TUCKER			
STREET ADDRESS	3057 WISTER CIRCLE		4.3 STREET ADDRESS	2618 GREEN VALLEY RD.			
CITY-ST-ZIP	VALRICO FL		4.4 CITY-ST-ZIP	VALRICO, FL 33594			
TITLE	ST	<input type="checkbox"/> DELETE	5.1 TITLE	ST	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	TUCKER, SAMPSON		5.2 NAME	DICK, BARBARA			
STREET ADDRESS	2818 GREEN VALLEY ROAD		5.3 STREET ADDRESS	16501 HANNA RD.			
CITY-ST-ZIP	VALRICO FL 33594		5.4 CITY-ST-ZIP	LUTZ, FL 33549			
TITLE	ED	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	ED	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	SMITH, DOROTHEA		6.2 NAME	KALY, TERRY LEE			
STREET ADDRESS	1505 W. HAVEN BEND		6.3 STREET ADDRESS	3147 LAKE ELLEN DR.			
CITY-ST-ZIP	TAMPA FL		6.4 CITY-ST-ZIP	TAMPA, FL 33618			

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: Terry L. Kaly 5-1-96 813/872-5554
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)