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Feb 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 Mailing Address
1721 N. MACDILL AVE. TAMPA FL 33607 1721 N. MACDILL AVE. TAMPA FL 33607-3221

3. Date Incorporated or Qualified 05/28/1969 3a. Date of Last Report 05/01/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-1270557 Applied For Not Applicable
22. Suite, Apt. #, etc. 27. Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Additional Fee Required
23. City & State 28. City & State 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
24. Zip Country 29. Zip Country 30. 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes 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. Zip Code

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 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	VD SCREVEN, BETTY 2425 SUNSET DRIVE TAMPA FL	1.1 TITLE	PD SCREVEN, BETTY 2425 SUNSET DRIVE TAMPA FL 33629
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	PD DOERFLING, DAN 5205 FABBER CT. TAMPA FL	2.1 TITLE	VD BUHITE, RUSSELL S. 3405 GRAY CT. TAMPA, FL
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD BUHITE, RUSSELL S 3405 GRAY CT. TAMPA FL	3.1 TITLE	SD WEIXELBAUM, TRACY 7910 GEORGE WASHINGTON TAMPA, FL 33637
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	TD SAMPSON, TUCKER 2618 GREEN VALLEY RD. VALRICO FL	4.1 TITLE	TD MARTINEZ, LIONEL 2203 N. LOIS AVE. #700 TAMPA, FL 33607
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	ST TUCKER, SAMPSON 2618 GREEN VALLEY ROAD VALRICO FL 33594	5.1 TITLE	ST SATCHEL, TONY 4422 SNAPPER ST. TAMPA, FL 33617
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	ED KALY, TERRY L 3147 LAKE ELLEN DDR. TAMPA FL	6.1 TITLE	ED WITMER, JANET S. 2513 BUCKNELL DRIVE VALRICO, FL 33594
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE REQUIRED Janet S Witmer 813-872-5254
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0047468

CFR2037 (9/96)