

Amended FILING FEE IS \$61.25

FILED

Sep 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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. 1721 N. MACDILL AVE.
TAMPA, FL 33607 TAMPA, FL 33607

AMENDMENT

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip Country 28. Zip Country
24. 25. 29. 30.

3. Date Incorporated or Qualified
4. FEI Number 59-1270557 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
BUHITE, RUSSELL S.
FOWLER, WHITE, ET AL
501 E. KENNEDY BLVD. SUITE 1700
TAMPA, FL 33602

10. Name and Address of New Registered Agent
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 617.01 through 617.1308, 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 (required if no signature is applicable) (NOTE: Registered Agent signature is required if applicable) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BUHITE, RUSSELL S.	
STREET ADDRESS	3405 GRAY CT.	
CITY-STATE-ZIP	TAMPA, FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CONIGLIARO, BOB	
STREET ADDRESS	21549 TRUMPETER DR.	
CITY-STATE-ZIP	TAMPA, FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MURPHY, JOHN W.	
STREET ADDRESS	11829 EASTHAMPTON DR.	
CITY-STATE-ZIP	TAMPA, FL 33626	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LIGHTER, JOANNE	
STREET ADDRESS	921 COLLEGE HILL DR.	
CITY-STATE-ZIP	CLEARWATER, FL 33765	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	DATO, JUDITH	
STREET ADDRESS	207 W. DAVIS ISLANDS	
CITY-STATE-ZIP	TAMPA, FL 33606	
TITLE	ED	<input type="checkbox"/> DELETE
NAME	WITMER, JANET S.	
STREET ADDRESS	2513 BUCKNELL DR.	
CITY-STATE-ZIP	VALRICO, FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN YEAR

13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5 TITLE	
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.9 TITLE	
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.13 TITLE	
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Janet S. Witmer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JANET S. WITMER

9-14-98
Date

813-872-5254
D (phone) F (fax)

CR2537 11-03-97

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