


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90062 015 ****61.25

UNRECORDED

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 716626

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
--	--



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/28/1969
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1270557
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 617.0502 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONIGLIARO, BOB	1.2 NAME	
STREET ADDRESS	21549 TRUMPETER DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, JOHN W	2.2 NAME	
STREET ADDRESS	11829 EASTHAMPTON DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33626	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUHITE, RUSSELL S	3.2 NAME	
STREET ADDRESS	3405 GRAY CT.	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIGHTER, JOANNE	4.2 NAME	
STREET ADDRESS	921 COLLEGE HILL DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33765	4.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DATO, JUDITH	5.2 NAME	
STREET ADDRESS	207 W. DAVIS ISLANDS	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33606	5.4 CITY-ST-ZIP	
TITLE	ED <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WITMER, JANET S	6.2 NAME	ED
STREET ADDRESS	2513 BUCKNELL DR	6.3 STREET ADDRESS	HOUCHEN, DONNA C.
CITY-ST-ZIP	VALRICO FL	6.4 CITY-ST-ZIP	3420 CULLENDALE DR. TAMPA FL 33618

14. I 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, with all other like empowered.

SIGNATURE: *Donna Houchen* **RECORDED** 1/19/99 813-872-5254
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #

CR2E037 (1/98)