

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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AND
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95 JUL 10 PH 4: 25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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***225.00 ***225.00

DO NOT WRITE IN THIS SPACE.

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **831941** (0)

1. Corporation Name
SERVICE AMERICA CORPORATION

Principal Place of Business Mailing Address
100 FIRST STAMFORD PLACE **100 FIRST STAMFORD PLACE**
P. O. BOX 10203 P. O. BOX 10203
STAMFORD CT 06902 STAMFORD CT 06902
US US

2. Principal Place of Business 2b. Mailing Address
21 **100 FIRST STAMFORD PLACE** 26 **100 FIRST STAMFORD PLACE**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22
27
23 **STAMFORD, CT** 28 **STAMFORD, CT**
City & State City & State
24 **06902** 25 **U.S.** 29 **06902** 30 **U.S.**
Zip Country Zip Country

3. Date Incorporated or Qualified **03/04/1974** 3a. Date of Last Report **06/13/1994**
4. FEI Number **13-1939453** 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

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	BC
NAME	BEEBY, ROBERT H
STREET ADDRESS	77 BEACHSIDE AVENUE
CITY - ST - ZIP	GREENSFARM CT
TITLE	VS
NAME	STEINMAYER, JANET L
STREET ADDRESS	7 NAWTHORNE ROAD
CITY - ST - ZIP	OLD GREENWICH CT
TITLE	V
NAME	FLYNN, JEFFREY R.
STREET ADDRESS	73 FAR VIEW FARM ROAD
CITY - ST - ZIP	WEST REDDING CT
TITLE	V
NAME	HORVATH, GARY L.
STREET ADDRESS	8 WAGON ROAD
CITY - ST - ZIP	BETHEL CT
TITLE	PD
NAME	DEE, JOHN T
STREET ADDRESS	181 TURN OF RIVER ROAD, UNIT 12 E
CITY - ST - ZIP	STAMFORD CT
TITLE	TV
NAME	SATORI, DOMINIC J.
STREET ADDRESS	181 OLD KINGS HIGHWAY
CITY - ST - ZIP	DARIEN CT

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	SARTORI
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 110.07(3)(k), Florida Statutes. Further, I 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 an attachment must will an address.

SIGNATURE: _____ **DOMINIC J. SARTORI** 5/31/95 203-964-5000
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR Date Date of Filing