

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 831941 (0)

1. Corporation Name
SERVICE AMERICA CORPORATION



Principal Place of Business: 100 FIRST STAMFORD PLACE, STAMFORD CT 06902, US
Mailing Address: 100 FIRST STAMFORD PLACE, STAMFORD CT 06902, US

3. Date Incorporated or Qualified: 03/04/1974
3a. Date of Last Report: 07/10/1995
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. 199.03? Florida Statutes: Yes No

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

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, 85 Zip Code (FL)

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: BC	DELETED <input type="checkbox"/>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: BEEBY, ROBERT H		1.2 NAME	
STREET ADDRESS: 77 BEACHSIDE AVENUE		1.3 STREET ADDRESS	
CITY-ST-ZIP: GREENSFARM CT		1.4 CITY-ST-ZIP	
TITLE: VS	DELETED <input type="checkbox"/>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: STEINMAYER, JANET L.		2.2 NAME	
STREET ADDRESS: 7 NAWTHORNE ROAD		2.3 STREET ADDRESS	
CITY-ST-ZIP: OLD GREENWICH CT		2.4 CITY-ST-ZIP	
TITLE: V	DELETED <input checked="" type="checkbox"/>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: FLYNN, JEFFREY R.		3.2 NAME	
STREET ADDRESS: 73 FAR VIEW FARM ROAD		3.3 STREET ADDRESS	
CITY-ST-ZIP: WEST REDDING CT		3.4 CITY-ST-ZIP	
TITLE: V	DELETED <input type="checkbox"/>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: HORVATH, GARY L.		4.2 NAME	
STREET ADDRESS: 8 WAGON ROAD		4.3 STREET ADDRESS	
CITY-ST-ZIP: BETHEL CT		4.4 CITY-ST-ZIP	
TITLE: PD	DELETED <input type="checkbox"/>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: DEE, JOHN T		5.2 NAME	
STREET ADDRESS: 181 TURN OF RIVER ROAD, UNIT 12 E		5.3 STREET ADDRESS	
CITY-ST-ZIP: STAMFORD CT		5.4 CITY-ST-ZIP	
TITLE: TV	DELETED <input type="checkbox"/>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SARTORI, DOMINIC J.		6.2 NAME	
STREET ADDRESS: 181 OLD KINGS HIGHWAY		6.3 STREET ADDRESS	
CITY-ST-ZIP: DARIEN CT		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 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: DATE: 6/1/96 (203) 964-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)