

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 06902-6740 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 03/04/1974	3a. Date of Last Report 06/10/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 13-1939453	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	BC <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEEBY, ROBERT H	1.2 NAME	LAWRENCE KILFOY
STREET ADDRESS	77 BEACHSIDE AVENUE	1.3 STREET ADDRESS	20 ALWYN LANE
CITY-ST-ZIP	GREENSFARM CT	1.4 CITY-ST-ZIP	WESTON, CT 06883
TITLE	VS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEINMAYER, JANET L.	2.2 NAME	ROBERT A. PADLETTI
STREET ADDRESS	7 NAWTHORNE ROAD	2.3 STREET ADDRESS	40 CERRETTA ST. #15
CITY-ST-ZIP	OLD GREENWICH CT	2.4 CITY-ST-ZIP	STAMFORD, CT 06907
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HIGGINS, MICHAEL J.	3.2 NAME	PAUL A. STREET
STREET ADDRESS	619 FOX FIELDS ROAD	3.3 STREET ADDRESS	25 TOWER ROAD
CITY-ST-ZIP	BRYN MAWR PA	3.4 CITY-ST-ZIP	RIVERSIDE, CT 06830
TITLE	V <input checked="" type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEE, JOHN T	5.2 NAME	DEE, JOHN T.
STREET ADDRESS	181 TURN OF RIVER ROAD, UNIT 12 E	5.3 STREET ADDRESS	1539 KINROSS LANE
CITY-ST-ZIP	STAMFORD CT	5.4 CITY-ST-ZIP	KESWICK, VA 22947
TITLE	TV <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARTORI, DOMINIC J.	6.2 NAME	
STREET ADDRESS	161 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address:

SIGNATURE: **X** _____ **4/7/97**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E034 (9/96)