

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

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

95 APR 17 PM 12:53

DOCUMENT # J60788 (3)

1. Corporation Name
SERVICE AMERICA SYSTEMS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **3081 MCNAB RD. POMPANO BCH. FL 33069-4806**
Mailing Address: **2600 CHEMED CENTER 255 EAST FIFTH STREET CINCINNATI OH 45202 US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **03/09/1987** 3a. Date of Last Report: **08/15/1994**

2. Principal Place of Business (21-24) and Mailing Address (25-30) fields with sub-headers for Suite, City, State, Zip, and Country.

4. FEI Number: **62-1311783**
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:
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent (81-85):
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: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	VCD
NAME	HUTTON, EDWARD L.
STREET ADDRESS	255 E. FIFTH ST.
CITY - ST - ZIP	CINCINNATI OH
TITLE	CD
NAME	GRIFFIN, WILLIAM R.
STREET ADDRESS	255 E. FIFTH ST.
CITY - ST - ZIP	CINCINNATI OH
TITLE	VCD
NAME	JOHNSON, PATRICK L.
STREET ADDRESS	255 E. FIFTH ST.
CITY - ST - ZIP	CINCINNATI OH
TITLE	CEO
NAME	JOHNSON, PATRICK L.
STREET ADDRESS	255 E. FIFTH ST.
CITY - ST - ZIP	CINCINNATI OH
TITLE	VD
NAME	FOX, RAYMOND J.
STREET ADDRESS	3081 MCNAB RD.
CITY - ST - ZIP	POMPANO BCH. FL
TITLE	STD
NAME	BRUMM, BRIAN A.
STREET ADDRESS	255 E. FIFTH ST.
CITY - ST - ZIP	CINCINNATI OH

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	SEE ATTACHED
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	1080 N.W. 1st Avenue
3.4 CITY - ST - ZIP	Boca Raton, FL 33432
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	
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 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 and is typed or on an attachment with an address.

SIGNATURE: *[Signature]* B. A. Brumm - Treasurer 4/9/95
DATE: 4/9/95
613-762-6700