

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

FILED
Apr 30 1997 8:00am
Secretary of State



PROFIT CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # P96000085126 (6)

1. Corporation Name
SERVICE ALLIANCE, INC.



Principal Place of Business
12314 BRADY MANOR WAY
JACKSONVILLE FL 32223

Mailing Address
12314 BRADY MANOR WAY
JACKSONVILLE FL 32223-2575

3. Date Incorporated or Qualified
10/14/1996

3a. Date of Last Report

21	22	23	24	25	26	27	28	29	30	4. FEI Number	Applied For
5039 SUNBEAM RD		JACKSONVILLE, FL	32257	USA	5039 SUNBEAM RD		JACKSONVILLE, FL	32257	USA	59-3407732	Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required											
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees											
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No											

9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent					
HOLBROOK, H. LEON III ONE INDEPENDENT DRIVE SUITE 2301 JACKSONVILLE FL 32202						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	D BAILEY, MELINDA 12314 BRADY MANOR WAY JACKSONVILLE FL 32223	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PRESIDENT / SECRETARY ROBERT A. FRANKSON
NAME			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			1.2 NAME
CITY, ST, ZIP			1.3 STREET ADDRESS
TITLE		<input type="checkbox"/> DELETE	1.4 CITY - ST - ZIP
NAME			2.1 TITLE VICE-PRESIDENT / TREASURER
STREET ADDRESS			2.2 NAME SOEL R. PIKE
CITY, ST, ZIP			2.3 STREET ADDRESS 509 SIGSBEE RD.
TITLE		<input type="checkbox"/> DELETE	2.4 CITY - ST - ZIP ORANGE PARK, FL 32073
NAME			3.1 TITLE PRESIDENT / SECRETARY
STREET ADDRESS			3.2 NAME MARK R. HOFFMAN
CITY, ST, ZIP			3.3 STREET ADDRESS 12314 BRADY MANOR WAY
TITLE		<input type="checkbox"/> DELETE	3.4 CITY - ST - ZIP JACKSONVILLE, FL 32257
NAME			4.1 TITLE
STREET ADDRESS			4.2 NAME
CITY, ST, ZIP			4.3 STREET ADDRESS
TITLE		<input type="checkbox"/> DELETE	4.4 CITY - ST - ZIP
NAME			5.1 TITLE
STREET ADDRESS			5.2 NAME
CITY, ST, ZIP			5.3 STREET ADDRESS
TITLE		<input type="checkbox"/> DELETE	5.4 CITY - ST - ZIP
NAME			6.1 TITLE
STREET ADDRESS			6.2 NAME
CITY, ST, ZIP			6.3 STREET ADDRESS
			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: _____ DATE: 4/30/97 DAYTIME PHONE: (904) 751-4117

P2E034 (9/96)