

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 08, 1999 8:00 am
Secretary of State

07-08-1999 90006 049 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P960000851261

1. Corporation Name
SERVICE ALLIANCE, INC.



Principal Place of Business

325 W ADAMS ST
 STE 302
 JACKSONVILLE FL 32202
 US

Mailing Address

~~5039 SUNBEAM RD
 JACKSONVILLE FL 32257
 US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/14/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24 25

2a. Mailing Address

26 325 W. ADAMS ST.
 27 SUITE 302
 28 JACKSONVILLE FL
 29 32202 30 USA

4. FEI Number

59-3407732

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 owes the current year Intangible Personal Property.

Yes No

9. Name and Address of Current Registered Agent

HOLBROOK, H. LEON III
 ONE INDEPENDENT DRIVE
 SUITE 2301
 JACKSONVILLE FL 32202

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VPT	<input checked="" type="checkbox"/> DELETE
NAME	PIKE, JOEL R	
STREET ADDRESS	509 SIGSBEE RD	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	PS	<input type="checkbox"/> DELETE
NAME	HOFFMAN, MARK R	
STREET ADDRESS	12314 BRADY MANOR WAY	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DST HOFFMAN, MARK R.
2.3 STREET ADDRESS	12314 BRADY MANOR WAY
2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32223
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	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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.

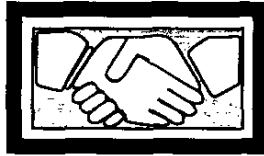
SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/99 (904) 358-1020
 Date Daytime Phone #

CR2E034 (5/99)

P96000085/26
582963-90006-49



S E R V I C E
A L L I A N C E

July 1, 1999

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Sir/Madam,

I spoke with one of your representatives today, Ms. Debbie Gilliard, who advised me to send this letter stating that the mailing address for the Annual Report packet is in error. Somehow our old address is still being shown and mailed to by your offices. She advised me to make any changes and highlight them so they will be sure to be corrected. Please note that Joel Pike is no longer with the company and has not been an officer or director since 10/98. I appreciate your help in getting the correct information into the system so we can receive our packets in a timely fashion. Thank you for your assistance.

Sincerely,

A handwritten signature in black ink, appearing to read 'Mark Hoffman', written over a faint, dotted background.

Mark Hoffman
President

Cc: Brooks & Company, CPA