

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S42826** (5)

1. Corporation Name

**SERVICE AMERICA COURIER CORP OF PIE**



Principal Place of Business

5607 JOHNS RD  
STE 1004  
TAMPA FL 33634

Mailing Address

30300 TELEGRAPH ROAD  
STE - 185  
BINGHAM FARMS MI 48025  
US

2. Principal Place of Business

2a. Mailing Address

26 6001 N. Adams Road  
Suite, Apt. #, etc.  
27 Suite 210  
City & State  
28 Bloomfield Hills, MI  
Zip  
29 48304  
Country  
30 USA

3. Date Incorporated or Qualified  
**04/01/1991**

3a. Date of Last Report  
**05/01/1995**

4. FEI Number  
**59-3059691**

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. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

JACOBS, WILLIAM H.  
5607 JOHNS RD  
STE - 1004  
TAMPA FL 33634

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 of Registered Agent

Signature of New Registered Agent

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	CAMPBELL, RAYMOND R.	
STREET ADDRESS	4211 BANDURY DR	
CITY-ST-ZIP	ORION MI	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RENEE ROBERTSON	
STREET ADDRESS	30300 TELEGRAPH RD., SUITE 185	
CITY-ST-ZIP	BINGHAM FORMS MI	
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		

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	
7. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	Renee Robertson
23. STREET ADDRESS	6001 N. Adams Rd., Suite 210
24. CITY-ST-ZIP	Bloomfield Hills, MI 48304
3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY-ST-ZIP	
4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
43. NAME	
44. STREET ADDRESS	
44. CITY-ST-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
53. STREET ADDRESS	
54. CITY-ST-ZIP	
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. 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, or empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Book 12 or Book 12 if it changed, or on an affidavit filed with an address.

SIGNATURE: *Say Cony* DIRECTOR  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/96

(810)205-2240

CR2E034 (12/95)