

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F26415 (2)**
1. Corporation Name
200 SERVICE CORPORATION



Principal Place of Business: **200 SE 1ST STREET MIAMI FL 33131**
Mailing Address: **200 SE 1ST STREET MIAMI FL 33131**

3. Date Incorporated or Qualified: **03/23/1981**
3a. Date of Last Report: **04/20/1995**

2. Principal Place of Business: **100 S TRYON ST NC 1-002-20-18 CHARLOTTE NC 28155**
2a. Mailing Address: **100 S TRYON ST NC 1-002-20-18 CHARLOTTE NC 28155**

4. FEI Number: **59-2167641**
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:
**FURMAN, JACK A.
200 SE 1ST STREET
MIAMI FL 33131**

10. Name and Address of New Registered Agent:
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: _____ DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE: D	<input type="checkbox"/> DELETE
NAME: MORRISON, WILLIAM L.	
STREET ADDRESS: 200 SE 1ST STREET	
CITY-ST-ZIP: MIAMI, FL 00000	
TITLE: VD	<input type="checkbox"/> DELETE
NAME: BERNSTEIN, STUART	
STREET ADDRESS: 200 SE 1ST STREET	
CITY-ST-ZIP: MIAMI, FL 00000	
TITLE: D	<input type="checkbox"/> DELETE
NAME: BRADY, THOMAS	
STREET ADDRESS: 200 SE 1ST STREET	
CITY-ST-ZIP: MIAMI, FL 00000	
TITLE: PDT	<input type="checkbox"/> DELETE
NAME: UPPALURI, SUBBARAO	
STREET ADDRESS: 200 SE 1ST STREET	
CITY-ST-ZIP: MIAMI FL	
TITLE: DV	<input type="checkbox"/> DELETE
NAME: VAN GRONDELLE, HANS	
STREET ADDRESS: 200 SE 1ST STREET	
CITY-ST-ZIP: MIAMI, FL 00000	
TITLE: S	<input type="checkbox"/> DELETE
NAME: FURMAN, JACK, A	
STREET ADDRESS: 200 SE 1ST ST	
CITY-ST-ZIP: MIAMI FL	

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	
2.4 CITY-ST-ZIP	
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	

**700001831437
-05/21/96--01034--036
***225.00**

Handwritten signature: F. J. R.

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 if changed, or on an attachment with an address.

SIGNATURE: *William L. Morrison*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/14/96 (704) 386-5856

CR2E034 (12/95)