

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT 1997



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

APPROVED AND FILED

1997 OCT -6 PM 1:57

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



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

Principal Place of Business: 400 S TRYON ST, NC1-003-30-10, CHARLOTTE NC 28255
 Mailing Address: 400 S TRYON ST, NC1-003-30-10, CHARLOTTE NC 28255

DO NOT WRITE IN THIS SPACE

2. Prin 401 N TRYON ST NC1-021-03-09 CHARLOTTE NC 28255
 21 Sull
 22 City & State
 23 Zip Country
 24 25
 2a. Mailing Address Same as 2
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 30

3. Date Incorporated or Qualified 03/23/1981
 3a. Date of Last Report 05/20/1996
 4. FEI Number 59-2167641 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 or has paid the current year intangible Personal Property Tax due June 30. 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 Registered Agent has not changed
 82 Street Address (P.O. Box Number is Not Acceptable) 4200 S Pine Island Rd
 83 Plantation FL 33324
 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

TITLE	D	DELETE
NAME	MORRISON, WILLIAM L.	
STREET ADDRESS	200 SE 1ST STREET	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	VD	DELETE
NAME	BERNSTEIN, STUART	
STREET ADDRESS	200 SE 1ST STREET	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	D	DELETE
NAME	BRADY, THOMAS	
STREET ADDRESS	200 SE 1ST STREET	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	PDT	DELETE
NAME	UPPALURI, SUBBARAO	
STREET ADDRESS	200 SE 1ST STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	DV	DELETE
NAME	VAN GRONDELLE, HANS	
STREET ADDRESS	200 SE 1ST STREET	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	S	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	Tax Officer	Change	Addition
1.2 NAME	Gary S. Williams		
1.3 STREET ADDRESS	401 N TRYON ST		
1.4 CITY-ST-ZIP	NC1-021-03-09 CHARLOTTE NC 28255		
2.1 TITLE	300002318023-2		
2.2 NAME	-10/10/97--0111--021		
2.3 STREET ADDRESS	****550.00		
2.4 CITY-ST-ZIP	****550.00		
3.1 TITLE		Change	Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		Change	Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		Change	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 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: Gary S. Williams

CR2E034 (4/97)