

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. Principal Office
21 401 N TRYON ST NC1-021-03-09
Suff CHARLOTTE NC 28255

City & State

Zip

Country

2a. Mailing Address

26 Same as 2

Suite, Apt. #, etc.

City & State

Zip

Country

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
E-T CORPORATION SYSTEM Registered
82 Street Address (P.O. Box Number is Not Acceptable) Agent has
4200 S Pine Island Rd not changed
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 agent 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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	D MORRISON, WILLIAM L.	200 SE 1ST STREET	MIAMI, FL 00000	<input checked="" type="checkbox"/>
	VD BERNSTEIN, STUART	200 SE 1ST STREET	MIAMI, FL 00000	<input checked="" type="checkbox"/>
	D BRADY, THOMAS	200 SE 1ST STREET	MIAMI, FL 00000	<input checked="" type="checkbox"/>
	PDT UPPALURI, SUBBARAO	200 SE 1ST STREET	MIAMI FL	<input checked="" type="checkbox"/>
	DV VAN GRONDELLE, HANS	200 SE 1ST STREET	MIAMI, FL 00000	<input checked="" type="checkbox"/>
	S FURMAN, JACK, A	200 SE 1ST ST	MIAMI FL	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
Tax Officer	Gary S. Williams	401 N TRYON ST	NC1-021-03-09 CHARLOTTE NC 28255	<input type="checkbox"/>	<input type="checkbox"/>
300002318023-2	-10/10/97--01111--021	****550.00	****550.00	<input type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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

01/15/97

704-226-5056

CR2E034 (4/97)