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Jan 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # M68212 (3)
1. Corporation Name
SERVICE FORMS COMPANY, INC. OF SOUTH FLORIDA



Principal Place of Business

% SANFORD L. SMITH
10363 S.W. 120TH ST.
MIAMI FL 33176

Mailing Address

% SANFORD L. SMITH
10363 S.W. 120TH ST.
MIAMI FL 33176-4701

NEW ADDRESS

NEW ADDRESS:

3. Date Incorporated or Qualified 02/15/1988
3a. Date of Last Report 01/23/1996

2. Principal Place of Business

21 102 COLUMBIA DR.

2a. Mailing Address

26 P.O. BOX 506

Suite, Apt. #, etc.

22 SUITE # 208

Suite, Apt. #, etc.

City & State

23 CAPE CANAVERAL, FL

City & State

28 CAPE CANAVERAL, FLA.

24 32920

Country

25 FLORIDA

Zip

29 32920

Country

30 FLORIDA

9. Name and Address of Current Registered Agent

SMITH, CAROLE
10363 S.W. 120TH STREET
MIAMI FL 33176

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 office if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

ADDRESS

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	SMITH, CAROLE	
STREET ADDRESS	10363 S.W. 120TH ST.	
CITY - ST - ZIP	MIAMI FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

102 COLUMBIA DR.
SUITE 208
CAPE CANAVERAL, FL.
32920

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SMITH, CAROLE	Change	Addition
1.2 NAME	102 COLUMBIA DR.		
1.3 STREET ADDRESS	SUITE # 208		
1.4 CITY - ST - ZIP	CAPE CANAVERAL, FL. 32920		
2.1 TITLE		Change	Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carole Smith

1/24/97

Date

868-2370

Daytime Phone #

CR2E034 (9/96)