FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000024604 (7)

SERVCOMP, INC.

Principal Place of Business 100 SOUTH BEACH STREET, STE 204

100 SOUTH BEACH STREET. STE 204 DAYTONA BEACH FL 32114-4410

Mailing Address

FILED Apr 23 1997 8:00am Secretary of State



DAYTONA BEACH FL 32114		DAYTONA BEACH FL 32114-4410				
					3. Date Incorporated or Qualified 03/27/1995	3a, Date of Last Report 05/01/1996
2. Principal Place of Business 21		2a. Mailing Address 26			4. FEI Number 59-33	1 1047 Applied For Not Applicate
Suite, Apt. #, etc. 22]		Suite, Apt. #, etc.		6. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Sta	nte	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζψ. 24	Country 25	Z (p 29]	Country 30			Yes 🛮 No
	9. Name and Address of Curre	ent Registered Agent		T	10. Name and Address of New Reg	Istered Agent
910	RRIS, KIRIAKOS C) VALENCIA ROAD		81		rone (P.O. Boy Number in Not Assentable	~).
SO.	. DAYTONA FL 32119		83	Street Addi	ress (P.O. Box Number is Not Acceptable	
			84	City		85 Zip Code
					poration submits this statement for the pition's board of directors. I hereby accep	
SIGNATURE	Signary is special pented names of registered a	gert and the if applicable (NOT)	F: Registered Ag		red when reinslating)	DATE
12.	OFFICERS A	NO DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12 Change
THEE NAVE	SARRIS, KIRIAKOS C	[] breet	1.1 TITLË 1.2 NAME			Li Grange Li Audin
STREET ADDRESS	910 VALENCIA ROAD		•	ADDRESS		
City-\$1-7#	SO. DAYTONA FL 32119		1.4 CiTY-1			
TITLE	D	DELETE	2.1 TITLE			Change Additi
NAM:	SARRIS, STELENE		2.2 NAME			i.
STREET ADDRESS	910 VALENCIA ROAD SO. DAYTONA FL 32119		2.3 STREET	ADDRESS	44	***
CHY-SI-7IP	OO. DATIONALL GETTO	☐ DELETE	2.4 CITY-	ST-ZIP		Channa Addis
THE NAME		☐ DECEIE	3.1 TITLE 3.2 NAME			Change Additi
SIBELLASOF/SS			3.3 STREE	ADDRESS		
CUn - \$1 - 7tP			3.4 CITY-			
`IItF		☐ DELETE	4.1 TITLE		***************************************	Change Additi
LAVE			4. 2 NAME			
STREET ASSESS			4.3 STREET	ADDRESS		
City+SI+7IP Tite		DELETE	4.4 CITY-1	ST-ZIP		Change Additi
NAV-		□ orreit	5.1 TITLE 5.2 NAME			La change La Adolti
STREET ADDRESS			5.3 STREET	ADDRESS		
CHY-SI-ZIP			5.4 CITY-1			
THE	THE PERSON OF PERSON AND PERSON A	☐ DELETE	6.1 TITLE			Change Additi
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET	ADDRESS		
CHY ST-ZIP	I		6.4 CITY- :	iT-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 peport is true and accurate and that my signature shall have the same legal effect as if made under oath; that ham an officer or director of the corporation or the receiver or trustife employered 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 my an attachment with an applicass.

SIGNATURE

minikes Chines Javu

4/20/97 (904) 255-7343