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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P95000024604 (7)

SERVCOMP, INC.

FILED
May 04 1998 8:00am
Secretary of State

Principal Place of Business Mailing Address				{ 1880(400) (10, 1848) (11) 8011 8011 9011 0014 9811	F ARDIA ORDIO OCIUI OCIUF DIUR IORF
	BEACH STREET, STE 204 ACH FL 32114	100 SOUTH BEACH STE DAYTONA BEACH FL 32		DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified	
				03/27/1995	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3311047	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27	<u> </u>	5. Continuate of Status Desired	Fee Required
City & State	Ð	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	28	Country	Trust Fund Contribution	Added to Fees
24	25	29	30	 This corporation owes or has paid the Personal Property Tax due June 30. 	Current year Intengible
	g Name and Address of Curren		30	10. Name and Address of New Register	
SA	RRIS, KIRIAKOS C	<u></u>	81 Name		
910 VALENCIA ROAD 82 Street Address (P.O. Box Number is Not Acceptable)					
SO	DAYTONA FL 32119		OR Sliber Addi	is as (1.0. box multiper is not Acceptable)	
			83		
			84 City		85 Zip Code
	40-4	0 - 1 507 1500 51- 32 004			EL 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 ago		If : Registered Agent signature requi		
12.	OFFICERS ANI	D DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	SARRIS, KIRIAKOS C	רי הנינינ	1.1 TITLE		Change Addition
NAME	910 VALENCIA ROAD		1.2 NAME		
STREET ADDRESS CITY-ST-ZIP	SO. DAYTONA FL 32119		1.3 STREET ADORESS 1.4 CITY-ST-ZIP		
TITLE	D	DELETE	2.1 TITLE		Change Addition
NAME	SARRIS, STELENE	_	2.2 NAME		
STREET ADDRESS	910 VALENCIA ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	SO. DAYTONA FL 32119		2.4 CITY - S1 - ZIP	_	
TITLE		DELETÉ	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		ļ
CITY-ST-ZIP		DELETE	3.4. CHY-ST-ZIP		Change Addition
TITLE NAME		∐ DELETE	4.1 TITLE		Change Addition
STREET ADDRESS			4. 2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		_ • _
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP		21 10 2 10 2 2	6.4 CITY-ST-ZIP		
14. I hereby certify that the information supplied with this filing closs 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 is 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 of the receiver or trustee impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change I. or on an attachment with an indiress.					