

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

FILED

Apr 30 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000085126 (6)**

1. Corporation Name  
**SERVICE ALLIANCE, INC.**



Principal Place of Business <b>12314 BRADY MANOR WAY JACKSONVILLE FL 32223</b>	Mailing Address <b>12314 BRADY MANOR WAY JACKSONVILLE FL 32223-2575</b>
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3. Date Incorporated or Qualified <b>10/14/1996</b>	3a. Date of Last Report
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2. Principal Place of Business 21 <b>5039 SUNBEAM RD</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>5039 SUNBEAM RD</b> Suite, Apt. #, etc.	4. FEI Number <b>59-3407732</b>	Applied For Not Applicable
22 City & State <b>JACKSONVILLE, FL</b>	27 City & State <b>JACKSONVILLE, FL</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 Zip <b>32257</b>	28 Zip <b>32257</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24 Country <b>USA</b>	29 Country <b>USA</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**HOLBROOK, H. LEON III  
ONE INDEPENDENT DRIVE  
SUITE 2301  
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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

Sign in cursive type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>BAILEY, MELINDA</b>	
STREET ADDRESS <b>12314 BRADY MANOR WAY</b>	
CITY, ST, ZIP <b>JACKSONVILLE FL 32223</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <b>PRESIDENT / SECRETARY</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME <b>ROBERT A. HOFFMAN</b>	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE <b>VICE-PRESIDENT / TREASURER</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME <b>JOEL R. PIKE</b>	
2.3 STREET ADDRESS <b>509 SIGSBEE RD.</b>	
2.4 CITY - ST - ZIP <b>ORANGE PARK, FL 32073</b>	
3.1 TITLE <b>PRESIDENT / SECRETARY</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME <b>MARK R. HOFFMAN</b>	
3.3 STREET ADDRESS <b>12314 BRADY MANOR WAY</b>	
3.4 CITY - ST - ZIP <b>JACKSONVILLE, FL 32257</b>	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/30/97*  
Date

*(904) 731-4117*  
Daytime Phone #