

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

FILED

Apr 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S92195** (4)

1. Corporation Name
SERVICE BUREAU INTERNATIONAL, INC.



Principal Place of Business 6306 BENJAMIN RD SUITE 605 TAMPA FL 33634 US	Mailing Address 6306 BENJAMIN RD SUITE 605 TAMPA FL 33634-5168 US
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3. Date Incorporated or Qualified 11/05/1991	3a. Date of Last Report 03/08/1996
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2. Principal Place of Business 21 6202 Benjamin Rd. Suite, Apt. #, etc.	2a. Mailing Address 26 6202 Benjamin Rd. Suite, Apt. #, etc.
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4. FEI Number 59-3092604	Applied For <input type="checkbox"/> Not Applicable
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23 Tampa, FL	27 Tampa, FL
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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24 33634	25 US	28 33634	30 US
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent	
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10. Name and Address of New Registered Agent	
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**ALLWEISS, MICHAEL D.
4020 PARK STREET NORTH
SUITE 202
ST. PETERSBURG FL 33709**

81 Name Michael D. Allweiss, Esquire
82 Street Address (P.O. Box Number is Not Acceptable) 111 - 2nd Avenue N.E., Suite 620
83
84 City St. Petersburg
85 Zip Code FL 33701

11. Pursuant to the provisions of Sections 607.0507 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent in both, this 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 of registered agent or principal officer and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE **4/8/97**

12. OFFICERS AND DIRECTORS	
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
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TITLE	DP	<input type="checkbox"/> DELETE
NAME	PORCELLI, PETER J., JR.	
STREET ADDRESS	6306 BENJAMIN RD SUITE 605	
CITY-ST-ZIP	TAMPA FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	HARRIS, BONNIE A	
STREET ADDRESS	6306 BENJAMIN RD SUITE 605	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SNOW, MATTHEW B.	
STREET ADDRESS	6202 BENJAMIN RD. #115	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Peter J. Poncelli, Jr.	
1.3 STREET ADDRESS	6202 Benjamin Rd.	
1.4 CITY-ST-ZIP	Tampa, FL 33634	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Robert Haga	
4.3 STREET ADDRESS	6202 Benjamin Rd.	
4.4 CITY-ST-ZIP	Tampa, FL 33634	
5.1 TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Michele Walford	
5.3 STREET ADDRESS	6202 Benjamin Rd.	
5.4 CITY-ST-ZIP	Tampa, FL 33634	
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 a 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

3/13/97

Daytime Phone #

0367673

CR2E034 (9/96)