

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

FILED
May 01 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 # 434649 (0)
 1. Corporation Name
~~ENGORE SERVICE SYSTEMS, INC.~~ (NAME CHANGED)
SERVICE AMERICA NETWORK, INC. (12-31-94)

Principal Place of Business 1080 N.W. FIRST AVE. BOCA RATON FL 33432	Mailing Address 2600 CHEMED CENTER 255 E. 5TH ST. CINCINNATI OH 45202-4700
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 09/10/1973	3a. Date of Last Report 04/29/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-1486390	Applied For Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country	29 Country	30	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 CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	10. Name and Address of New Registered Agent
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)
83	84 City
	85 Zip Code FL

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 title, if applicable (NOTE: Registered Agent signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CO <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM R. GRIFFIN	12 NAME	
STREET ADDRESS	5220 DRAKE RD.	13 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH 45243	14 CITY-ST-ZIP	SEE ATTACHED
TITLE	PSD <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATRICK L. JOHNSON	22 NAME	
STREET ADDRESS	7707 ANDES LANE	23 STREET ADDRESS	
CITY-ST-ZIP	PARKLAND FL 33431	24 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUTTON, EDWARD L	32 NAME	
STREET ADDRESS	6680 MIRALAKE DRIVE	33 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH 45243	34 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUMM, BRIAN A	42 NAME	
STREET ADDRESS	7729 ASHLEY VIEW DRIVE	43 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH 45227	44 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALLOB, NAOMI C	52 NAME	
STREET ADDRESS	2311 FAIRVIEW AVE.	53 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH 45219	54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	800002165498
CITY-ST-ZIP		64 CITY-ST-ZIP	-05/05/97--01024--064 ***173,75

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: X Naomi Dallob
 N.C. DALLOB
 ASST. SECRETARY 4/18/97 518-262-4537

CR2E034 (9/96)

OFFICERS & DIRECTORS OF SERVICE AMERICA NETWORK, INC.:

TITLE

NAME

SOCIAL SECURITY NO.

HOME ADDRESS

BUSINESS ADDRESS

**President, Secretary &
Director**

Patrick L. Johnson
SS# 266-08-4176

7707 Andes Lane
Parklane, FL 33431

1080 N.W. 1st Avenue
Boca Raton, FL 33342

Vice President & Director

Kevin J. McNamara
SS# 283-56-9317

2900 Grandin Road
Cincinnati, OH 45208

Chemed Corporation
2600 Chemed Center
255 East 5th Street
Cincinnati, OH 45202

Treasurer

Joan R. Papadakis
SS# 113-46-1460

11405 Wayne Drive
Broward, FL

1080 N.W. 1st Avenue
Boca Raton, FL 33342
Cincinnati, OH 45202

Assistant Secretary

Naomi C. Dallob
SS# 280-56-2580

2311 Fairview Avenue
Cincinnati, OH 45219

Chemed Corporation
2600 Chemed Center
255 East 5th Street
Cincinnati, OH 45202

Director

Edward L. Hutton
SS# 314-03-8958

6680 Miralake Drive
Cincinnati, OH 45243

Chemed Corporation
2600 Chemed Center
255 East 5th Street
Cincinnati, OH 45202