

2-21-91 B-2420 C
 FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
 Feb 27 1997 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # H61790 (2)
 1. Corporation Name
HMATH ASSOCIATES, INC.



Principal Place of Business 95 E. MITCHELL- HAMMOCK RD SUITE 202 OVIEDO FL 32765 US	Mailing Address P O BOX 580788 230 CATTAIL COURT ORLANDO FL 32806-6103
---	--

3. Date Incorporated or Qualified 06/13/1985	3a. Date of Last Report 04/26/1996
4. FEI Number 59-2546354	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

9. Name and Address of Current Registered Agent
**AKERMAN, ALEXANDER, III
 230 CATTAIL COURT
 ORLANDO FL 32806**

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: _____ DATE: _____
Signature typed or printed in block of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DS	<input type="checkbox"/> DELETE
NAME	AKERMAN, IRENE	
STREET ADDRESS	230 CATTAIL CT.	
CITY- ST- ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PRICE, ROBERT E.	
STREET ADDRESS	585 OPENAKI RD.	
CITY- ST- ZIP	DENVILLE NJ	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LANG, THOMAS F.	
STREET ADDRESS	818 S SUMMERLIN AVENUE	
CITY- ST- ZIP	ORLANDO FL	
TITLE	DPT	<input type="checkbox"/> DELETE
NAME	AKERMAN, ALEXANDER III	
STREET ADDRESS	230 CATTAIL COURT	
CITY- ST- ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CROW, C. WAYNE	
STREET ADDRESS	406 JUBILEE CIRCLE	
CITY- ST- ZIP	BONAIRE GA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
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	<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: *Alexander Alexander* (SIGNED)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 17 February 1997 (407) 977-0200
 Date Daytime Phone #

CR2E034 (9/96)