

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

FILED

98 APR 23 PM 12: 22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

Principal Place of Business Mailing Address
85 E. MITCHELL- HAMMOCK RD SUITE 202 OVIEDO FL 32765 US
P-O BOX 600700 200 CATTAIL COURT ORLANDO FL 32800

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	12151 Science Dr.	26	P.O. Box 4961	06/13/1985	
22 Ste. 102		27 Suite, Apt. #, etc.		4. FEI Number	
23 Orlando, FL		28 Orlando, FL		59-2546354	
24 32826		29 32802-4961		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25 USA		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
2. Principal Place of Business				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
AKERMAN, ALEXANDER, III 200 CATTAIL COURT ORLANDO FL 32800				81 Name B&C Corporate Services of Central Florida, Inc.			
				82 Street Address (P.O. Box Number is Not Acceptable) 390 N. Orange Ave., Ste. 1100			
				83			
				84 City Orlando			
				85 Zip Code 32801			

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]* Vice President 4/21/98
Signature, typed or printed name of officer or 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	DS <input type="checkbox"/> DELETE	1.1 TITLE	DST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AKERMAN, IRENE	1.2 NAME	Irene Akerman
STREET ADDRESS	230 CATTAIL CT.	1.3 STREET ADDRESS	230 Cattail Ct.
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	Orlando, FL
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRICE, ROBERT E.	2.2 NAME	Myler, Harley R., Ph.D.
STREET ADDRESS	565 OPENAKI RD.	2.3 STREET ADDRESS	12151 Science Dr.
CITY-ST-ZIP	DENVILLE NJ	2.4 CITY-ST-ZIP	Orlando, FL 32826
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANG, THOMAS F.	3.2 NAME	600002501846--0
STREET ADDRESS	816 S SUMMERLIN AVENUE	3.3 STREET ADDRESS	-04/27/98--01133--015
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	****158.75 ****158.75
TITLE	DPT <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AKERMAN, ALEXANDER III	4.2 NAME	
STREET ADDRESS	230 CATTAIL COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROW, C. WAYNE	5.2 NAME	
STREET ADDRESS	406 JUBILEE CIRCLE	5.3 STREET ADDRESS	
CITY-ST-ZIP	BONAIRE GA	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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]* 4-16-98 409-737-8422

CR2E034 (10/97)