

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

0081444

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H61790

1. Corporation Name
HMATH ASSOCIATES, INC.

Principal Place of Business
**12151 SCIENCE DR., STE 102
ORLANDO FL 32826
US**

Mailing Address
**P.O. BOX 4961
ORLANDO FL 32802-4961**

2. Principal Place of Business

2a. Mailing Address
12151 Science Drive

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 Suite 102

City & State

23 Zip Country

28 Orlando, FL USA

Zip Country

24 25

29 30
32826 US

9. Name and Address of Current Registered Agent

**B&C CORPORATE SERVICES OF CENTRAL FLORIDA
390 N. ORANGE AVE., STE 1100
ORLANDO FL 32801**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: For addition, deletion, or change of name, title, or address)

DATE

12. OFFICERS AND DIRECTORS

TITLE	STD	[] DELETE
NAME	AKERMAN, IRENE	
STREET ADDRESS	230 CATTAIL CT.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	[] DELETE
NAME	PRICE, ROBERT E	
STREET ADDRESS	565 OPENAKI RD.	
CITY-ST-ZIP	DENVILLE NJ	
TITLE	D	[] DELETE
NAME	LANG, THOMAS F	
STREET ADDRESS	816 S SUMMERLIN AVENUE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	P	[] DELETE
NAME	MYLER, HARLEY R PHD	
STREET ADDRESS	12151 SCIENCE DR	
CITY-ST-ZIP	ORLANDO FL 32826	
TITLE	D	[X] DELETE
NAME	CROW, WAYNE C	
STREET ADDRESS	406 JUBILEE CIRCLE	
CITY-ST-ZIP	BONAIRE GA	
TITLE	D	[] DELETE
NAME	Akerman, Stephen M.	
STREET ADDRESS	11606 Grand Bay Blvd.	
CITY-ST-ZIP	Clermont, FL 34711	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	[X] Change [] Addition
12 NAME	
13 STREET ADDRESS	Orlando, FL 32806
14 CITY-ST-ZIP	
21 TITLE	[X] Change [] Addition
22 NAME	
23 STREET ADDRESS	Denville, NJ 07834
24 CITY-ST-ZIP	
31 TITLE	[X] Change [] Addition
32 NAME	
33 STREET ADDRESS	Orlando, FL 32801
34 CITY-ST-ZIP	
41 TITLE	[X] Change [] Addition
42 NAME	
43 STREET ADDRESS	12151 Science Drive, Ste 102
44 CITY-ST-ZIP	
51 TITLE	[] Change [] Addition
52 NAME	
53 STREET ADDRESS	500002859315--5
54 CITY-ST-ZIP	-04/30/99--01135--019
61 TITLE	****158.75 ****158.75
62 NAME	[] Change [X] Addition
63 STREET ADDRESS	
64 CITY-ST-ZIP	

FILED
APR 26 AM 10:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/13/1985

4. FEI Number
59-2546354 Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax Yes No

10. Name and Address of New Registered Agent

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b) 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, with all other like empowered

SIGNATURE:

[Signature]
SIGNATURE (TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

4-15-1999 407.737.8422

CR2E034 (11/98)