

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

FILED
Mar 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J99665 (8)
 1. Corporation Name
HUMANALYSIS INC.



Principal Place of Business
C/O DOUGLAS B. ELAM
1917 BLOSSOM LANE
MAITLAND FL 32751

Mailing Address
C/O DOUGLAS B. ELAM
1917 BLOSSOM LANE
MAITLAND FL 32751

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/27/1987		4. FEI Number 59-2859716		Applied For <input type="checkbox"/> Not Applicable
2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees
22 City & State	27 City & State	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
23 Zip	28 Country	29 Zip		30 Country

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
ELAM, DOUGLAS B. 1917 BLOSSOM LANE MAITLAND FL 32751		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 **Douglas B. Elam** DATE **March 11, 1998**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	Maitland, Florida 32751-3530
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	Winter Springs, FL 32708
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	McNutt, Robert D.
STREET ADDRESS		4.3 STREET ADDRESS	12006 Radbourne Street
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Winter Garden, FL 34787-5236
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Miller, Raymond
STREET ADDRESS		5.3 STREET ADDRESS	10550 Stratford Row
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Orlando, FL 32817
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: **Robert D. McNutt** *[Signature]* DATE: **3-11-98** (407)656-3611

CR2E034 (10/97)