

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

FILED
Mar 06 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 # 395736 (2)
1. Corporation Name
H.M.S. PROPERTIES, INC.

Principal Place of Business 510 VONDERBURG DR STE 3000 BRANDON FL 33511	Mailing Address 510 VONDERBURG DR STE 3000 BRANDON FL 33511
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 02/11/1972	
				4. FEI Number 59-1421693	
				5. Certificate of Status Desired <input 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COMPREHENSIVE HEALTH PLANNERS INC
510 VONDERBURG DR
BRANDON FL 33511

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: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	Secretary
NAME	PETER, E LESLIE (CHRM)	1.2 NAME	David Warmflash
STREET ADDRESS	510 VONDERBURG DR	1.3 STREET ADDRESS	61 Broadway
CITY-ST-ZIP	BRANDON FL	1.4 CITY-ST-ZIP	New York, NY 10006
TITLE	D	2.1 TITLE	Assistant Sec.
NAME	COTTINGHAM, DUDLEY	2.2 NAME	Claudette Whisenant
STREET ADDRESS	RICHMOND ROAD	2.3 STREET ADDRESS	61 Broadway
CITY-ST-ZIP	HAMILTON, BERMUDA	2.4 CITY-ST-ZIP	New York, NY 10006
TITLE	TD	3.1 TITLE	DVP/Ass't Sec.
NAME	CLARKE, BOYD	3.2 NAME	
STREET ADDRESS	11 CENTURION COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	WILLOWDALE, ONT	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	
NAME	LA BONTE, LORRAINE	4.2 NAME	
STREET ADDRESS	510 VONDERBURG DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL	4.4 CITY-ST-ZIP	
TITLE	AS	5.1 TITLE	600002452746
NAME	D'ELIA, ANNE	5.2 NAME	-03/10/98--01084--000
STREET ADDRESS	61 BROADWAY	5.3 STREET ADDRESS	***150.00
CITY-ST-ZIP	NEW YORK NY	5.4 CITY-ST-ZIP	
TITLE	VP	6.1 TITLE	
NAME	SCHNEIDER, HERBERT	6.2 NAME	
STREET ADDRESS	510 VONDERBURG DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL	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

CR2E034 (10/97)