


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

FILED
Jan 28 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 # **535641** (5)
1. Corporation Name
HBA SERVICES, INC.



Principal Place of Business
**544 MAYO AVENUE
MAITLAND FL 32751**

Mailing Address
**544 MAYO AVENUE
MAITLAND FL 32751**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/24/1977	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-1747007		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	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 J WALLACE WEST 544 MAYO AVENUE MAITLAND FL 32751		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	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	1.1 TITLE	SP Charles Roger
NAME	GATLIN, ROGER	1.2 NAME	544 Mayo Ave
STREET ADDRESS	544 MAYO AVE	1.3 STREET ADDRESS	Maitland, FL 32751
CITY-ST-ZIP	MAITLAND FL	1.4 CITY-ST-ZIP	
TITLE	ED	2.1 TITLE	VPD
NAME	WEST, J WALLACE	2.2 NAME	Lawrence Fleming
STREET ADDRESS	544 MAYO AVE	2.3 STREET ADDRESS	544 Mayo Avenue
CITY-ST-ZIP	MAITLAND FL	2.4 CITY-ST-ZIP	Maitland, FL 32751
TITLE	PD	3.1 TITLE	PD
NAME	Ronald W. Utterback	3.2 NAME	Ronald W. Utterback
STREET ADDRESS	544	3.3 STREET ADDRESS	544 Mayo Ave
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Maitland, FL 32751
TITLE		4.1 TITLE	ED
NAME		4.2 NAME	Thomas S. Lagumarsino
STREET ADDRESS		4.3 STREET ADDRESS	544 Mayo Ave
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Maitland, FL 32751
TITLE		5.1 TITLE	TD
NAME		5.2 NAME	Margaret O. Templeton
STREET ADDRESS		5.3 STREET ADDRESS	544 Mayo Ave
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Maitland, FL 32751
TITLE		6.1 TITLE	AVPD
NAME		6.2 NAME	Donald R. Zimmer
STREET ADDRESS		6.3 STREET ADDRESS	544 Mayo Ave
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Maitland, FL 32751

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.

CR2E034 (10/97)