FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **627493** **(0)**

1. Corporation Name
H.L.S. AND ASSOCIATES, INC.

Principal Place of Business
P.O. BOX 37368
4533 HIGHWAY AVENUE
JACKSONVILLE FL 32205

Mailing Address
P.O. BOX 37368
4533 HIGHWAY AVENUE
JACKSONVILLE FL 32205

3. Date Incorporated or Qualified: **06/22/1979**
3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-1932650** [ ] 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. The corporation has liability for intangible tax under s. 199.032, Florida Statutes [ ] Yes [ ] No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City, & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City, & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent
SMITH, HERBERT L.
4533 HIGHWAY AVENUE
JACKSONVILLE FL 32205

10. Name and Address of New Registered Agent
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 Section 607.0505 and 607.0506, Florida Statutes, the undersigned corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The name and address of the registered office and the name of the registered agent of the corporation are hereby changed to read as follows: I hereby accept the appointment as registered agent. I am familiar with, and I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	[ ] DELETE
NAME	SMITH, HERBERT L	
STREET ADDRESS	5774 SWAMPFOX ROAD	
CITY, ST, ZIP	JACKSONVILLE, FL 00000	
TITLE	D	[ ] DELETE
NAME	SMITH, ANN	
STREET ADDRESS	5774 SWAMPFOX ROAD	
CITY, ST, ZIP	JACKSONVILLE, FL 00000	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 19

1. TITLE	[ ] Change	[ ] Add
1. NAME		
1. STREET ADDRESS		
1. CITY, ST, ZIP		
2. TITLE	[ ] Change	[ ] Add
2. NAME		
2. STREET ADDRESS		
2. CITY, ST, ZIP		
3. TITLE	[ ] Change	[ ] Add
3. NAME		
3. STREET ADDRESS		
3. CITY, ST, ZIP		
4. TITLE	[ ] Change	[ ] Add
4. NAME		
4. STREET ADDRESS		
4. CITY, ST, ZIP		
5. TITLE	[ ] Change	[ ] Add
5. NAME		
5. STREET ADDRESS		
5. CITY, ST, ZIP		
6. TITLE	[ ] Change	[ ] Add
6. NAME		
6. STREET ADDRESS		
6. CITY, ST, ZIP		

CR2E034 (12/95)

14. I hereby certify that the information supplied in this report is accurate, complete and in compliance with Section 607.0505(3)(c), 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 in compliance with Section 607.0505(1)(b), Florida Statutes.

SIGNATURE (X) [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904-387-4010