

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 753362 (3)

1. Corporation Name

HEALTH EDUCATION SYSTEMS RESEARCH, INC.



Principal Place of Business 3968 NW 25TH CIR C/O GERALD WIECHMANN GAINESVILLE FL 32606	Mailing Address 3968 NW 25TH CIR C/O GERALD WIECHMANN GAINESVILLE FL 32606
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3. Date Incorporated or Qualified 07/15/1980	3a. Date of Last Report 05/01/1995
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip	22. Mailing Address Suite, Apt. #, etc. City & State Zip
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4. FEI Number 59-2038683	Applied For <input type="checkbox"/> Not Applicable
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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent WIECHMANN, GERALD 3968 NW 25TH CIR. GAINESVILLE FL 33606	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
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11. Pursuant to the provisions of Sections 617.0502 and 617.1503, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-issuing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D NAME MCCABE, TYLER R STREET ADDRESS 31 CHESHIRE LANE CITY - ST - ZIP YORKTOWN NY	<input type="checkbox"/> DELETE	1.1 TITLE P/D 1.2 NAME L.A. Ollinger 1.3 STREET ADDRESS 3968 NW 25th Circle 1.4 CITY - ST - ZIP Gainesville, FL 32606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME ROBBINS, DOUGLAS K STREET ADDRESS 332 WATERS EDGE DRIVE S CITY - ST - ZIP PONTE VEDRA BEACH FL	<input type="checkbox"/> DELETE	2.1 TITLE VP/D 2.2 NAME Gerald Wiechmann 2.3 STREET ADDRESS 3968 NW 25th Circle 2.4 CITY - ST - ZIP Gainesville, FL 32606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE SD NAME ROBBINS, KELLEY STREET ADDRESS 332 WATERS EDGE DRIVE S CITY - ST - ZIP PONTE VEDRA BEACH FL	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME WIECHMANN, BRET STREET ADDRESS 3968 NW 25TH CIR. CITY - ST - ZIP GAINESVILLE FL	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME WIECHMANN, H.H. STREET ADDRESS 6302 JULIAN CITY - ST - ZIP SPRINGFIELD VA	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME OLLINGER, MELVA STREET ADDRESS 10098 GROSVENOR DR. CITY - ST - ZIP ST. LOUIS MO	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Melva Ollinger Pres.* 04/15/96 904/

CR2E037 (12/95)