

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Feb 14 1997 8:00am
Secretary of State

DOCUMENT # F93000002438 (0)
1. Corporation Name
HUNTER AND ASSOCIATES MANAGEMENT SERVICES, INC.



Principal Place of Business
5901 SUN BLVD.
STE. 107
ST. PETERSBURG FL 33715-1161
US

Mailing Address
5901 SUN BLVD.
STE. 107
ST. PETE. FL 33715-1160
US

3. Date Incorporated or Qualified 05/25/1993	3a. Date of Last Report 03/04/1996
4. FEI Number 22-2923317	Applied For 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	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

GEREW, MERRILEE
5901 SUN BLVD. #208
ST. PETERSBURG FL 33715

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

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	DC	11 TITLE	
NAME	CALDWELL, GEORGE	12 NAME	
STREET ADDRESS	8765 WEST HIGGINS RD., #410	13 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60631	14 CITY-ST-ZIP	
TITLE	P	21 TITLE	
NAME	HUNTER, DAVID P	22 NAME	
STREET ADDRESS	328 EAST MAIN ST.	23 STREET ADDRESS	
CITY-ST-ZIP	MOORESTOWN NJ 08057	24 CITY-ST-ZIP	
TITLE	VP	31 TITLE	
NAME	GEREW, MERRILEE	32 NAME	
STREET ADDRESS	808 3RD AVE. SO.	33 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33715	34 CITY-ST-ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do 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:

Merrilee Gerew
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-97
Date

813-866-1330
Daytime Phone #

CR2E034 (9/96)