


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

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Mar 25, 1999 8:00 am
Secretary of State

03-25-1999 90025 046 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F98000006610			
1. Corporation Name HHMR & S BUSINESS SERVICES, INC.			
Principal Place of Business 6480 ROCKSIDE WOODS BLVD. SOUTH #330 CLEVELAND OH 44131		Mailing Address 6480 ROCKSIDE WOODS BLVD. SOUTH #330 CLEVELAND OH 44131	
SEE BELOW		SEE BELOW	
2. Principal Place of Business 21 801 WEST BAY DR. Suite, Apt. #, etc. 22 SUITE 200 City & State 23 LARGO, FL Zip 24 33770		2a. Mailing Address 26 SAME AS #2 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 USA	
9. Name and Address of Current Registered Agent A.G.C. CO. 200 SOUTH ORANGE AVE., SUITE 2300 ORLANDO FL 32801			
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 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			
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, with all other like empowered.			

SIGNATURE: X

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-99

Date

(216) 447-9000

Daytime Phone #

CR2E034 (1/1/98)