5-6-97 B-6399 C

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
May 06 1997 8:00am
Secretary of State

DOCUMENT # F98748 **(9)**

1. Corporation Name
HUMAN SYSTEMS ASSOCIATES, INC.

Principal Place of Business
% DR. WILLIAM J. HARRINGTON
5780 S.W. 8TH COURT
PLANTATION FL 33317

Mailing Address
% DR. WILLIAM J. HARRINGTON
5780 S.W. 8TH COURT
PLANTATION FL 33317-4736

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

3. Date Incorporated or Qualified **09/09/1982**
3a. Date of Last Report **07/02/1996**
4. FEI Number **59-2283871** [ ] 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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. [ ] Yes [ ] No

9. **Name and Address of Current Registered Agent**
HARRINGTON, DR. WILLIAM J.
5780 S.W. 8TH COURT
PLANTATION FL 33317

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

TITLE	PD	[ ] DELETE
NAME	HARRINGTON, WILLIAM DR	
STREET ADDRESS	5780 SW 8TH COURT	
CITY-ST-ZIP	PLANTATION, FL 00000	
TITLE	STD	[ ] DELETE
NAME	HARRINGTON, LAURICE	
STREET ADDRESS	5780 SW 8TH COURT	
CITY-ST-ZIP	PLANTATION, 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 12

1.1 TITLE	Vice President/Director	[ ] Change	[X] Addition
1.2 NAME	Kristin M. Deedrick		
1.3 STREET ADDRESS	8144 NW 17th Manor		
1.4 CITY-ST-ZIP	Plantation, FL 33322		
2.1 TITLE	Vice President/Director	[ ] Change	[X] Addition
2.2 NAME	Leslie A. Harrington		
2.3 STREET ADDRESS	60 SW 91st Street, #111		
2.4 CITY-ST-ZIP	Plantation, FL 33324		
3.1 TITLE		[ ] Change	[ ] Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		[ ] Change	[ ] Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		[ ] Change	[ ] Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		[ ] Change	[ ] Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

CR2E034 (9/96)

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