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PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # H61790 (2)  
1. Corporation Name  
HATH ASSOCIATES, INC.

Principal Place of Business Mailing Address  
95 E. MITCHELL- HAMMOCK RD  
SUITE 202  
OVIEDO FL 32765  
US  
P.O. BOX 600700  
200 CATTAIL COURT  
ORLANDO FL 32800

FILED  
98 APR 23 PM 12: 22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 12151 Science Dr.	26 P.O. Box 4961		
22 Suite, Apt. #, etc. Ste. 102	27 Suite, Apt. #, etc.		
23 City & State Orlando, FL	28 City & State Orlando, FL		
24 Zip 32826	25 Country USA	29 Zip 32802-4961	30 Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
AKERMAN, ALEXANDER, III 200 CATTAIL COURT ORLANDO FL 32800		81 Name B&C Corporate Services of Central Florida, Inc. 82 Street Address (P.O. Box Number is Not Acceptable) 390 N. Orange Ave., Ste. 1100 83 84 City Orlando FL 85 Zip Code 32801	

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 Vice President DATE 4/21/98  
Signature, typed or printed name of officer and agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS <input type="checkbox"/> DELETE	1.1 TITLE	DST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AKERMAN, IRENE	1.2 NAME	Irene Akerman
STREET ADDRESS	230 CATTAIL CT.	1.3 STREET ADDRESS	230 Cattail Ct.
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	Orlando, FL
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRICE, ROBERT E.	2.2 NAME	Myler, Harley R., Ph.D.
STREET ADDRESS	565 OPENAKI RD.	2.3 STREET ADDRESS	12151 Science Dr.
CITY-ST-ZIP	DENVILLE NJ	2.4 CITY-ST-ZIP	Orlando, FL 32826
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANG, THOMAS F.	3.2 NAME	600002501846--0
STREET ADDRESS	816 S SUMMERLIN AVENUE	3.3 STREET ADDRESS	-04/27/98--01133--015
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	****158.75 ****158.75
TITLE	DPT <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AKERMAN, ALEXANDER III	4.2 NAME	
STREET ADDRESS	230 CATTAIL COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROW, C. WAYNE	5.2 NAME	
STREET ADDRESS	406 JUBILEE CIRCLE	5.3 STREET ADDRESS	
CITY-ST-ZIP	BONAIRE GA	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE:

4-16-98 409-737-8422

CR2E034 (10/97)