

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

FILED
Jun 23 1997 8:00am
Secretary of State

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L65031
1. Corporation Name
HURST CONSULTING, INC.

Principal Place of Business	Mailing Address
2949 W. S.R. 434 Suite 400 Longwood, FL 32779	2949 W. S.R. 434 Suite 400 Longwood, FL 32779

3. Date Incorporated or Qualified 04/13/90	3a. Date of Last Report 04/16/96
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2. Principal Place of Business	2a. Mailing Address
21 950 South Winter Park Suite, Apt. #, etc. Drive 22 Suite 301 City & State 23 Casselberry, FL 32707 Zip Country	26 950 South Winter Park Suite, Apt. #, etc. Drive 27 Suite 301 City & State 28 Casselberry, FL 32707 Zip Country

4. FEI Number 59-2998521	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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

10. Name and Address of New Registered Agent

**Eva Hurst
2917 W. S.R. 434
Suite 101
Longwood, Florida 32779**

81 Name Eva Hurst
82 Street Address (P.O. Box Number is Not Acceptable) 950 South Winter Park Drive
83 Suite 301
84 City Casselberry
85 Zip Code FL 32707

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 D	Carlos Carroll Hurst <input checked="" type="checkbox"/> DELETE
NAME	597 Brookwood Lane
STREET ADDRESS	Maitland, FL
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D	Eva Hurst <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	597 Brookwood Lane
1.3 STREET ADDRESS	Maitland, FL
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	400002219294--8
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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:

Eva Mue Hurst

6-20-97

(407) 339-0600

CR2E034 (9/96)

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ACCOUNT NO. : 072100000032

REFERENCE : 437435 4329479

AUTHORIZATION : *Patricia Pizito*

COST LIMIT : \$ 165.00

ORDER DATE : June 23, 1997

ORDER TIME : 9:57 AM

ORDER NO. : 437435-005

CUSTOMER NO: 4329479

CUSTOMER: Karen Bohn, Legal Assistant
Baker & Hostetler Suntrust
200 South Orange Avenue
Po Box 112
Orlando, FL 32802-0112

ANNUAL REPORT FILING

NAME: HURST CONSULTING, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap

EXAMINER'S INITIALS:

RECEIVED
97 JUN 23 AM 10:37
DIVISION OF CORPORATION

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BAKER
&
HOSTETLER LLP
COUNSELLORS AT LAW

200 SOUTH ORANGE AVENUE • SUNTRUST CENTER, SUITE 2300 • P.O. BOX 112 • ORLANDO, FLORIDA 32802-0112 • (407) 649-4000
FAX (407) 841-0168
WRITER'S DIRECT DIAL NUMBER (407) 649-4043

June 20, 1997

VIA FEDERAL EXPRESS

Ms. Carina Dunlap
Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301

437435

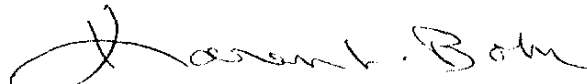
Re: Annual Report for Hurst Consulting, Inc.

Dear Carina:

Enclosed for filing with the Secretary of State of Florida is a 1997 Corporation Annual Report for Hurst Consulting, Inc. Our client indicates the Secretary of State forwarded the annual report to the old principal business address which was not received by the corporation. Please request waiver of the \$550.00 late fee, advance the State filing fee, and return a date-stamped copy of the report and a Certificate of Status to me by regular U.S. mail. Our account number is 4329479, and the client/reference is 25048\96001.

Thank you for your assistance in this matter. If you have any questions, please do not hesitate to contact me.

Sincerely,


Karen L. Bohn
Legal Assistant

/2908

Enclosure

cc: Tico A. Perez, Esq.
(w/encl.)

D:\LETTERS\L-CSC2.ANN
25048\96001