

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N31800** (8)
1. Corporation Name
HHCS RESEARCH INSTITUTE, INC.



Principal Place of Business
**633 E. COLONIAL DRIVE
ORLANDO FL 32803**

Mailing Address
**633 E. COLONIAL DRIVE
ORLANDO FL 32803**

3. Date Incorporated or Qualified 04/19/1989	3a. Date of Last Report 05/01/1995
4. FEI Number 59-2977375	Applied For <input type="checkbox"/> 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 checked="" 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 Country
24	25
29	30

9. Name and Address of Current Registered Agent

**ADAMS, N. LOIS
633 E. COLONIAL DR.
ORLANDO FL 32803**

10. Name and Address of New Registered Agent

81 Name Craig S. Perlman	85 Zip Code 32801
82 Street Address (P.O. Box Number is Not Acceptable) 201 S. Orange Ave	
83 Suite 900	
84 City Orlando	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0508, 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	DELETE <input type="checkbox"/>
NAME	NEWMAN, SANDRA	
STREET ADDRESS	633 E COLONIAL DR	
CITY - ST - ZIP	ORLANDO FL	
TITLE	D	DELETE <input type="checkbox"/>
NAME	KLOTZ, SOL D.	
STREET ADDRESS	303 E. PAR ST	
CITY - ST - ZIP	ORLANDO FL	
TITLE	D	DELETE <input type="checkbox"/>
NAME	SWEENEY, MICHAEL J.	
STREET ADDRESS	303 E. PAR ST	
CITY - ST - ZIP	ORLANDO FL	
TITLE	D	DELETE <input type="checkbox"/>
NAME	ADAMS, N. LOIS	
STREET ADDRESS	633 E COLONIAL DR	
CITY - ST - ZIP	ORLANDO FL	
TITLE	D	DELETE <input type="checkbox"/>
NAME	MURRAY, LOUIS C.	
STREET ADDRESS	633 E COLONIAL DR	
CITY - ST - ZIP	ORLANDO FL	
TITLE	D	DELETE <input type="checkbox"/>
NAME	SCHULER, THOMAS L	
STREET ADDRESS	633 E. COLONIAL DR.	
CITY - ST - ZIP	ORLANDO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
1.2 NAME	RUSSO, HOLLY	
1.3 STREET ADDRESS	633 E. COLONIAL DR.	
1.4 CITY - ST - ZIP	ORLANDO, FL 32803	
2.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	P/D/S	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
4.2 NAME	ADAMS, N. LOIS	
4.3 STREET ADDRESS	633 E. COLONIAL DR.	
4.4 CITY - ST - ZIP	ORLANDO, FL 32803	
5.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/25/96

(407) 898-4427