

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

FILED  
Feb 26 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P92000011730 (8)  
1. Corporation Name  
HLS, INC.

Principal Place of Business % JULIA M. ALLEN 111 MADISON STREET, SUITE 2300 TAMPA FL 33602	Mailing Address % JULIA M. ALLEN 111 MADISON STREET, SUITE 2300 TAMPA FL 33602
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 400 North Tampa Street Suite, Apt. #, etc. 22 Suite 2300 City & State 23 Tampa, Florida Zip 24 33602	2a. Mailing Address 26 Post Office Box 1531 Suite, Apt. #, etc. 27 City & State 28 Tampa, Florida Zip 29 33601 Country 30 US	3. Date Incorporated or Qualified 12/07/1992 4. FEI Number 59-3189368 Applied For 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 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

ALLEN, JULIA M  
111 MADISON STREET  
SUITE 2300  
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 400 North Tampa Street - Suite 2300
83
84 City Tampa
85 Zip Code FL 33602

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	
TITLE	PD	1.1 TITLE	PD
NAME	FERGUSON, LOUISE L	1.2 NAME	Stella F. Thayer
STREET ADDRESS	5400 INTERBAY BLVD.	1.3 STREET ADDRESS	400 N. Tampa Street, Suite 2300
CITY-ST-ZIP	TAMPA FL 33611	1.4 CITY-ST-ZIP	Tampa, Florida 33602
TITLE	VD	2.1 TITLE	
NAME	FERGUSON, HOWELL L	2.2 NAME	
STREET ADDRESS	310 W. COLLEGE AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32302	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	
NAME	THAYER, STELLA F	3.2 NAME	
STREET ADDRESS	111 MADISON STREET, SUITE 2300	3.3 STREET ADDRESS	400 North Tampa Street - Suite 2300
CITY-ST-ZIP	TAMPA FL 33602	3.4 CITY-ST-ZIP	Tampa, Florida 33602
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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:

*Stella F. Thayer*

(Stella F. Thayer) 2/12/98 (813) 273-4200

CP2E034 (10/97)