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Mar 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P95000060146 (4)

1. Corporation Name
HR ADVOCATES, INC.



Principal Place of Business
601 SOUTH MAGNOLIA AVENUE
TAMPA FL 33606

Mailing Address
601 SOUTH MAGNOLIA AVENUE
TAMPA FL 33606-2725

3. Date Incorporated or Qualified: 08/02/1995
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21 238 East Davis Blvd
Suite, Apt. #, etc.

2a. Mailing Address
26 238 East Davis Blvd
Suite, Apt. #, etc.

4. FEI Number: 59-3330518
Applied For: Not Applicable

22 Suite 211
City & State: Tampa FL

27 Suite 211
City & State: Tampa FL

5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

23 Tampa FL
Zip: 33606 Country: USA

28 Tampa FL
Zip: 33606 Country: USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LORENZEN, NANCY J
601 SOUTH MAGNOLIA AVENUE
TAMPA FL 33606

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 238 East Davis Blvd
83 Suite 211
84 City: Tampa FL 85 Zip Code: 33606

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: Nancy J. Lorenzen Nancy J. Lorenzen President 2-27-97
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	D	<input type="checkbox"/> DELETE
NAME	LORENZEN, NANCY J	
STREET ADDRESS	601 SOUTH MAGNOLIA AVENUE	
CITY-ST-ZIP	TAMPA FL 33606	
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		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	238 East Davis Blvd
1.4 CITY-ST-ZIP	Tampa, FL 33606
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
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: Nancy J. Lorenzen Nancy J. Lorenzen President 2-27-97 813 251-2198
Signature typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)