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

PROFIT CORPORATION ANNUAL REPORT

1998

2. Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

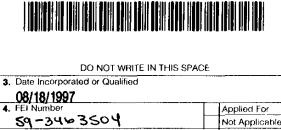
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000071191 (5)

HMO FINANCIAL CONSULTANTS, INC.

2a. Mailing Address

FILED May 07 1998 8:00am Secretary of State



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City & State			City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
]	Zip Country 25	29	Zip 30	Country		This corporation owes or has paid the current Personal Property Tax due June 30.	rrent year Intangible Yes Z No	
	g. Name and Address of Current	stered Agent		10. Name and Address of New Registered Agent				
AMERICAWTER CHARTERED				81	Name			
343 ALMERIA AVENUE CORAL GABLES FL 33134					Street Address (P.O. Box Number is Not Acceptable)			
				83				
				84	City	El	85 Zip Code	

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, a profile agent, and accept the obligations of, Section 607.0505, Florida Statutes,

	Signature typed or posted name of represent a percand		F. Flegistered Agent signature requ			
12.	OFFICERS AND DIF		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
TULE	PD	☐ DELETE	. 1.1 THILE	☐ Change	Additio	
NAME	Blaeske, ronald j jr		1.2 NAME			
STREET ADDRESS	19119 ROGERS		1.3 STREET ADDRESS			
ZTY-ST-ZIP	ODESSA FL 33556		1.4 CITY - ST - ZIP			
MILE	VSTD	☐ DELETE	2.1 TITLE	Change	Addition	
NAME	BLAESKE, CHERYL A		2 2 NAME			
STREET ADDRESS	19119 ROGERS		2 3 STREET ADDRESS			
CATY-ST-ZIP	ODESSA FL 33556	_	2 4 CITY-ST-ZIP			
TTLE		☐ DELETE	3.1 1/7LE	Change	Additio	
AME			3.2 NAME			
TREET ADDRESS			3.3 STREET ADDRESS			
XTY-ST-ZIP			3.4 CITY-ST-ZIP			
TITLE		☐ DELETE	41 TITLE	Change	Additio	
NAME			4 2 NAME			
STREET ADDRESS			4.3 STREET ADORESS			
CITY-ST-ZIP			44 CITY - ST - ZIP			
TILE		DELETE	5 1 TITLE	☐ Change	Addition	
IAME			5 2 NAME			
TREET ADDRESS			5 3 STREET ADDRESS			
ITY-ST-ZIP			5.4 City - St - ZiP			
TILE .		DELETE	6.1 TITLE	Change	Addition	
MME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
HTV-ST-7IP			6.4 CITY-ST-ZIP			

14. Thereby certify that the information supplied with this filing does not quality 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 13 if changed, or on an attachment with an address

SIGNATURE: C

Chemb Blacker

4/29/98

B13 926.0666