

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90188 019 ***150.00

DOCUMENT # P97000106908

1. Corporation Name

HUMAN SERVICES TECHNOLOGIES, INC.



Principal Place of Business

3191 MAGUIRE BLVD., SUITE 150
ORLANDO FL 32803

Mailing Address

3191 MAGUIRE BLVD., SUITE 150
ORLANDO FL 32803

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/18/1997

4. FEI Number

59-3486057

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 988 Woodcock Road
Suite, Apt. #, etc.

26 988 Woodcock Rd
Suite, Apt. #, etc.

22 Suite 101
City & State

27 Suite 101
City & State

23 Orlando, FL
Zip Country

28 Orlando, FL
Zip Country

24 32803 25 US

29 32803 30 US

9. Name and Address of Current Registered Agent

CLEMMER, BRETT A
3191 MAGUIRE BLVD., SUITE 150
ORLANDO FL 32803

10. Name and Address of New Registered Agent

81 Name RONALD POWERS
82 Street Address (P.O. Box Number is Not Acceptable)
988 Woodcock Rd Suite 101
83
84 City Orlando FL 85 Zip Code 32803

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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	CLEMMER, BRETT A	
STREET ADDRESS	3191 MAGUIRE BLVD., SUITE 150	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	D	<input type="checkbox"/> DELETE
NAME	POWERS, RONALD	
STREET ADDRESS	3191 MAGUIRE BLVD., SUITE 150	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WALKER, WILLIAM A II	
STREET ADDRESS	250 PARK AVENUE SOUTH, 5TH FLOOR	
CITY-ST-ZIP	WINTER PARK FL 32789	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	988 Woodcock Rd-Suite 101
1.4 CITY-ST-ZIP	Orlando, FL 32803
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	988 Woodcock Rd-Suite 101
2.4 CITY-ST-ZIP	Orlando, FL 32803
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 checked="" type="checkbox"/> Addition
4.2 NAME	JOAN RUFFIER
4.3 STREET ADDRESS	711 ACBA DRIVE
4.4 CITY-ST-ZIP	ORLANDO, FL 32804
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 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 as an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)