


FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90111 043 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P98000030960 1. Corporation Name HOOPER & ASSOCIATES, INC.		

Principal Place of Business 531 NORTH BAY STREET EUSTIS FL 32726	Mailing Address 531 NORTH BAY STREET EUSTIS FL 32726
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 621 N. Eustis Street Suite, Apt. #, etc. 22 City & State 23 Eustis, FL Zip 24 32726 Country 25 US		2a. Mailing Address 26 621 N. Eustis Street Suite, Apt. #, etc. 27 City & State 28 Eustis, FL Zip 29 32726 Country 30 US		3. Date Incorporated or Qualified 04/01/1998	4. FEI Number 59-3503770 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	
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent SEMENTO, LAWRENCE J 531 NORTH BAY STREET EUSTIS FL 32726		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D/P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SEMENTO, LAWRENCE J	1.2 NAME	HOOPER, MILTON
STREET ADDRESS	531 NORTH BAY STREET	1.3 STREET ADDRESS	621 N. Eustis Street
CITY-ST-ZIP	EUSTIS FL 32726	1.4 CITY-ST-ZIP	Eustis, FL 32726
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	D/S/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	HOOPER, SUSAN
STREET ADDRESS		2.3 STREET ADDRESS	621 N. Eustis Street
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Eustis, FL 32726
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Milton W. Hooper
President

3-01-99

Date

(382)
589-4313
Daytime Phone #

CR2E034 (1/98)