FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 PM 1:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S25424 (0)

1. Corporation Name
HHCS, INC.

Principal Place of Business
639 E. COLONIAL DRIVE
ORLANDO FL 32803

Mailing Address
639 E. COLONIAL DRIVE
ORLANDO FL 32803

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/16/1991
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3135166 [ ] 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 has liability for intangible tax under S. 199.032 Florida Statutes. [X] Yes [ ] No

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 County

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 County

9. Name and Address of Current Registered Agent

ADAMS, N. LOIS
633 E COLONIAL DRIVE
ORLANDO,F L FL 32803

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

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]

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.	
TITLE	PSD	TITLE	[ ] Change [ ] Addition
NAME	ADAMS, N. LOIS	NAME	
STREET ADDRESS	633 E COLONIAL DR	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	CITY-ST-ZIP	
TITLE	~~VD~~	TITLE	[X] Change [ ] Addition
NAME	~~NEWHARD, MARY ETTA~~	NAME	NO LONGER AN OFFICER
STREET ADDRESS	~~633 E COLONIAL DR~~	STREET ADDRESS	NEWHARD, MARY ETTA
CITY-ST-ZIP	~~ORLANDO FL~~	CITY-ST-ZIP	
TITLE	VDT	TITLE	[ ] Change [ ] Addition
NAME	SCHULER, THOMAS L.	NAME	
STREET ADDRESS	633 E COLONIAL DR	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	CITY-ST-ZIP	
TITLE	VD	TITLE	[ ] Change [ ] Addition
NAME	MURRAY, LOUIS C.	NAME	
STREET ADDRESS	633 E COLONIAL DR	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0064137 CP