

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

FILED

Feb 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V08224 (0)
1. Corporation Name
HRS, INC.



Principal Place of Business 4810 79TH AVE. DR. E. SARASOTA FL 34243 US	Mailing Address P.O. BOX 1686 TALLEHAST FL 34270 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 707 GULFSTREAM AVE Suite, Apt. #, etc. 22 402 City & State 23 SARASOTA FL Zip 24 34236		2a. Mailing Address 26 PO BOX 48682 Suite, Apt. #, etc. 27 City & State 28 SARASOTA FL Zip 29 34230		3. Date Incorporated or Qualified 01/21/1992	
Country US		Country US		4. FEI Number 65-0307913	
Country US		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country US		Country US		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country US		Country US		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

SKINNER, LEROY G.
4813 79TH AVE. DR. E.
SARASOTA FL 34243

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83 City	84 State	85 Zip Code
	707 S. GULFSTREAM AVE 402	SARASOTA	FL	34236

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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VPS	<input type="checkbox"/> DELETE
NAME	SKINNER, HELEN M.	
STREET ADDRESS	4813 79TH AVE. DR. E.	
CITY - ST - ZIP	SARASOTA FL 34243	
TITLE	P	<input type="checkbox"/> DELETE
NAME	SKINNER, LEROY G	
STREET ADDRESS	4813 79TH AVE. DR. E.	
CITY - ST - ZIP	SARASOTA FL 34243	
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		

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	707 S. GULFSTREAM AVE 402
14 CITY - ST - ZIP	SARASOTA, FL 34236
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	707 S. GULFSTREAM AVE 402
24 CITY - ST - ZIP	SARASOTA, FL 34236
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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, trustee, or assignee 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:



1/20/98 941/959-1492

CR2E034 (10/97)