

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

MAY 11 8:13

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P40929** (2)

1. Corporation Name

GATOR HUMAN SERVICES, INC.

Principal Place of Business

Mailing Address

1117 NE 39TH BLVD
OKEECHOBEE FL 34972
US

15100 MACK AVENUE
GROSSE POINTE PARK MI 48230

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/14/1992** 3a. Date of Last Report **04/27/1994**

4. FEI Number **38-3073688** 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**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ZLOCZOVER, VIRGINIA
801 S.W. 34TH AVENUE
BOYNTON BEACH FL 33435**

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 (Type or print name of registered agent and the if applicable)

(Print) Registered Agent signature (print other members)

(Date)

12. OFFICERS AND DIRECTORS

TITLE **CPD**
NAME **WOLLACK, ROBERT**
STREET ADDRESS **15100 MACK AVENUE**
CITY ST ZIP **GROSSE POINTE PK MI 48230**

TITLE **VD**
NAME **WARHURST, RONALD**
STREET ADDRESS **8341 ISLAND LAKE RD #1**
CITY ST ZIP **DEXTER MI 48169**

TITLE **SD**
NAME **ZLOCZOVER, VIRGINIA**
STREET ADDRESS **801 S.W. 34TH AVENUE**
CITY ST ZIP **BOYNTON BEACH FL**

TITLE **T**
NAME **KINTZ, BRUCE**
STREET ADDRESS **3644 PRATT**
CITY ST ZIP **ANN ARBOR MI**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change Addition

12 NAME

13 STREET ADDRESS

14 CITY ST ZIP

21 TITLE Change Addition

22 NAME

23 STREET ADDRESS

24 CITY ST ZIP

31 TITLE Change Addition

32 NAME

33 STREET ADDRESS

34 CITY ST ZIP

41 TITLE Change Addition

42 NAME

43 STREET ADDRESS

44 CITY ST ZIP

51 TITLE Change Addition

52 NAME

53 STREET ADDRESS

54 CITY ST ZIP

61 TITLE Change Addition

62 NAME

63 STREET ADDRESS

64 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)(k), Florida Statutes. I further certify that the information indicated on the 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 817, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Robert Wollack
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Robert Wollack

5/5/95

Date

313-824-4400

Telephone Number