

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P40929 (2)
1. Corporation Name
GATOR HUMAN SERVICES, INC.



Principal Place of Business: **1117 NE 39TH BLVD. OKEECHOBEE FL 34972 US**
Mailing Address: **15100 MACK AVENUE GROSSE POINTE PARK MI 48230**

3. Date Incorporated or Qualified: **10/14/1992**
3a. Date of Last Report: **05/11/1995**

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22**
City & State: **23**
Zip: **24** Country: **25**
Zip: **29** Country: **30**

4. FEI Number: **38-3073688**
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: Yes No

9. Name and Address of Current Registered Agent: **ZLOCZOVER, VIRGINIA 801 S.W. 34TH AVENUE BOYNTON BEACH FL 33435**
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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLLACK, ROBERT	1.2 NAME	
STREET ADDRESS	15100 MACK AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	GROSSE POINTE PK MI 48230	1.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WARHURST, RONALD	2.2 NAME	VD WALSH, JAMES F.
STREET ADDRESS	8341 ISLAND LAKD RD #1	2.3 STREET ADDRESS	22350 WORCESTER
CITY-ST-ZIP	DEXTER MI 48169	2.4 CITY-ST-ZIP	NOVI, MI 48374
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZLOCZOVER, VIRGINIA	3.2 NAME	
STREET ADDRESS	801 S.W. 34TH AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL	3.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KINTZ, BRUCE	4.2 NAME	T BLUMENFELD, ROBERT
STREET ADDRESS	3844 PRATT	4.3 STREET ADDRESS	43422 WEST OAKS DR #176
CITY-ST-ZIP	ANN ARBOR MI	4.4 CITY-ST-ZIP	NOVI, MI 48377
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 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] Date: 4/30/96 Day/Phone #: 313-824-4400

CR2E037 (12/95)