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Jul 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P40929 (2)

1. Corporation Name
GATOR HUMAN SERVICES, INC.



Principal Place of Business 3420 CAPITAL CIRCLE S.W. TALLAHASSEE FL 31972 US	Mailing Address 15100 MACK AVENUE GROSSE POINTE PARK MI 48230
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3. Date Incorporated or Qualified 10/14/1992	
4. FEI Number 38-3073688	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26 888 W. Big Beaver
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Suite 1440
City & State 23	City & State 28 Troy, Michigan
Zip 24	Country 29 48084
Country 25	Country 30 USA

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	85 Zip Code

FL

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: *[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

TITLE	CPD	<input type="checkbox"/> DELETE
NAME	WOLLACK, ROBERT	
STREET ADDRESS	15100 MACK AVENUE	
CITY-ST-ZIP	GROSSE POINTE PK MI 48230	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WALSH, JAMES F.	
STREET ADDRESS	22350 WORESTER	
CITY-ST-ZIP	NOVI MI	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ZLOCZOVER, VIRGINIA	
STREET ADDRESS	801 S.W. 34TH AVENUE	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	BLUMFELD, ROBERT	
STREET ADDRESS	43422 WEST OAKS DRIVE #176	
CITY-ST-ZIP	NOVI MI	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Warhurst, Row	
1.3 STREET ADDRESS	15100 Mack Avenue	
1.4 CITY-ST-ZIP	Grosse Pointe Park, MI 48230	
2.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Wilson, Daniel	
2.3 STREET ADDRESS	2692 US #1 South	
2.4 CITY-ST-ZIP	St. Augustine, FL 32086	
3.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Catoggio, Anthony	
3.3 STREET ADDRESS	2692 US #1 South	
3.4 CITY-ST-ZIP	St. Augustine, FL 32086	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	300002591443	
5.3 STREET ADDRESS	-07/17/98-00000-000	
5.4 CITY-ST-ZIP	***61.25 01026 001	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	7/16/98	
6.3 STREET ADDRESS		
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 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]*