


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 26, 1999 8:00 am**  
**Secretary of State**

02-26-1999 90023 021 \*\*\*\*61.25

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|   |   |  |
|---|---|--|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

**DOCUMENT # P40929**

1. Corporation Name  
**GATOR HUMAN SERVICES, INC.**

|   |   |
|---|---|
| Principal Place of Business<br>3420 CAPITAL CIRCLE S.W.<br>TALLAHASSEE FL 34972<br>US | Mailing Address<br>888 W. BIG BEAVER<br>SUITE 1440<br>TROY MI 48064<br>US |
|---|---|



|   |  |   |  |   |  |
|---|--|---|--|---|--|
| 2. Principal Place of Business<br>21 2692 US 1 South<br>Suite, Apt. #, etc.<br>22 Suite 205<br>City & State<br>23 St. Augustine, FL<br>Zip Country<br>24 32086 25 USA | 2a. Mailing Address<br>26<br>Suite, Apt. #, etc.<br>27<br>City & State<br>28<br>Zip Country<br>29 30 | 3. Date Incorporated or Qualified<br>10/14/1992 | 4. FEI Number<br>38-3073688<br>Applied For<br>Not Applicable | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|---|--|---|--|---|--|

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   | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83  |             |
| 84 City   | 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: *Virginia Zloczover* *Virginia Zloczover* DATE: 1/19/99

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required upon reinstating)

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          | D                          | <input type="checkbox"/> DELETE |
| NAME           | WARHURST, RON              |                                 |
| STREET ADDRESS | 15100 MARK AVE             |                                 |
| CITY-ST-ZIP    | GROOSE POINT PARK MI 48230 |                                 |
| TITLE          | D                          | <input type="checkbox"/> DELETE |
| NAME           | WILSON, DANIEL             |                                 |
| STREET ADDRESS | 2692 US #1 SOUTH           |                                 |
| CITY-ST-ZIP    | ST. AUGUSTINE FL 32086     |                                 |
| TITLE          | D                          | <input type="checkbox"/> DELETE |
| NAME           | CATOGGIO, ANTHONY          |                                 |
| STREET ADDRESS | 2692 US #1 SOUTH           |                                 |
| CITY-ST-ZIP    | ST AUGUSTINE FL 32086      |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |
| 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           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-ST-ZIP    |   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |   |
| 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, with all other like empowered.

SIGNATURE: *Virginia Zloczover* *Virginia Zloczover* DATE: 1/19/99 Daytime Phone #

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

CR2E037 (11/98)