

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 11 PM 9:55

DOCUMENT # 755043 (7)

1. Corporation Name
AUTISTIC SERVICES, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
**C/O ROBERT BANKS
805 XANADU PL
JUPITER FL 33477**

3. Date Incorporated or Qualified 3a. Date of Last Report
11/07/1980 **11/14/1994**

4. FEI Number Applied For
59-2099391 Not Applicable

2. Principal Place of Business 2a. Mailing Address

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

22. City & State 27. City & State

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

23. Zip Country 28. Zip Country

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

24. Zip 25. Country 29. Zip 30. Country

9. Name and Address of Current Registered Agent
**BANKS, ROBERT
805 XANADU PL
JUPITER FL 33477**

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 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

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	BELLAMY, JONI
STREET ADDRESS	9477 MOCKINGBIRD TRAIL
CITY - ST - ZIP	JUPITER FL 33478
TITLE	D
NAME	GORSKI, PAMELA
STREET ADDRESS	21014 SHADY VISTA LANE
CITY - ST - ZIP	BOCA RATON FL 33428
TITLE	T
NAME	BANKS, ROBERT
STREET ADDRESS	805 XANADU PL
CITY - ST - ZIP	JUPITER FL 33477
TITLE	D
NAME	SILVER, VICKI
STREET ADDRESS	805 XANADU PL
CITY - ST - ZIP	JUPITER FL 33477
TITLE	S
NAME	SCHIEVE, CAROL
STREET ADDRESS	1424 DREXEL ROAD
CITY - ST - ZIP	WEST PALM BEACH FL 33417
TITLE	D
NAME	SHENDELL, BETSY
STREET ADDRESS	1528 ARABIAN DRIVE
CITY - ST - ZIP	LOXAHATCHEE FL 33470

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Sandra Purdo
2.3 STREET ADDRESS	10261 Seagrave Way
2.4 CITY - ST - ZIP	Palm Beach Gardens FL 33433
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 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert P. Banks* 4/6/95 (407) 746-1465
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Robert P. Banks, Treasurer