

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 755043 (7)
1. Corporation Name
AUTISTIC SERVICES, INC.



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

3. Date Incorporated or Qualified: **11/07/1980**
3a. Date of Last Report: **04/11/1995**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: **59-2099391**
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: **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, 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: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	BELLAMY, JONI 9477 MOCKINGBIRD TRAIL JUPITER FL 33478	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D	PARDO, SANDRA 10261 SEAGRAPE WAY PALM BEACH GARDENS FL	1.2 NAME	
TITLE: T	BANKS, ROBERT 805 XANADU PL JUPITER FL 33477	1.3 STREET ADDRESS	Hartig, Marge 11850 Donlin Drive Wellington FL 33414
TITLE: D	SILVER, VICKI 805 XANADU PL JUPITER FL 33477	1.4 CITY - ST - ZIP	
TITLE: S	SCHIEVE, CAROL 1424 DREXEL ROAD WEST PALM BEACH FL 33417	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D	SHENDELL, BETSY 1526 ARABIAN DRIVE LOXAHATCHEE FL 33470	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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	Shendell, Betsy
		6.3 STREET ADDRESS	1526 Arabian Dr.
		6.4 CITY - ST - ZIP	Loxahatchee FL 33470

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: **Robert P. Banks** **Robert P. Banks**, 4/16/96 (407) 355-4190
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)