

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 01 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**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
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3. Date Incorporated or Qualified <b>11/07/1980</b>	
4. FEI Number <b>59-2099391</b>	Applied For <input type="checkbox"/> 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>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input 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 type="checkbox"/> No	

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

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	HARTIG, MARGE	
STREET ADDRESS	11850 DONLIN DRIVE	
CITY-ST-ZIP	WELLINGTON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PARDO, SANDRA	
STREET ADDRESS	10261 SEAGRAPE WAY	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BANKS, ROBERT	
STREET ADDRESS	805 XANADU PL	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SILVER, VICKI	
STREET ADDRESS	805 XANADU PL	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE	P	<input type="checkbox"/> DELETE
NAME	SHENDELL, BETSY	
STREET ADDRESS	<del>1526 ARABIAN DRIVE</del>	
CITY-ST-ZIP	<del>LOXAHATCHEE FL</del>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	Andy Boney
2.3 STREET ADDRESS	400 Arcadia Drive
2.4 CITY-ST-ZIP	Wellington FL 33414
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	President
4.3 STREET ADDRESS	Silver Vicki
4.4 CITY-ST-ZIP	805 Xanadu PL Jupiter FL 33477
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Shendell, Betsy
5.3 STREET ADDRESS	12410 Sangraw Ct
5.4 CITY-ST-ZIP	Wellington FL 33414
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.

SIGNATURE: *[Signature]* 4/25/98 (561) 746-1465

CR2E037 (10/97)