

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90025 042 ****61.25

0046790

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 755043

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
--	--



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	3. Date Incorporated or Qualified 11/07/1980	4. FEI Number 59-2099391 Applied For 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
---	--	---	--	--	---

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		DATE
12. OFFICERS AND DIRECTORS				
TITLE	D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARTIG, MARGE		1.2 NAME	Claudia Stine
STREET ADDRESS	11850 DONLIN DRIVE		1.3 STREET ADDRESS	2814 S.W. 4th Street
CITY-ST-ZIP	WELLINGTON FL		1.4 CITY-ST-ZIP	Boynton Beach FL 33435
TITLE	D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BONEY, ANDY		2.2 NAME	Kim Hayden-Ples
STREET ADDRESS	400 ARCADIA DR		2.3 STREET ADDRESS	2262 Prairie View Drive
CITY-ST-ZIP	WELLINGTON FL 33414		2.4 CITY-ST-ZIP	Loxahatchee FL 33470
TITLE	T	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BANKS, ROBERT		3.2 NAME	
STREET ADDRESS	805 XANADU PL		3.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL 33477		3.4 CITY-ST-ZIP	
TITLE	P	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVER, VICKI		4.2 NAME	
STREET ADDRESS	805 XANADU PL		4.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL 33477		4.4 CITY-ST-ZIP	
TITLE	P	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHENDELL, BETSY		5.2 NAME	
STREET ADDRESS	12410 SAWGRASS CT		5.3 STREET ADDRESS	
CITY-ST-ZIP	WELLINGTON FL 33414		5.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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: AS REQUIRED 4/26/99 (561) 746-1465

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)