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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **N05178** (1)
1. Corporation Name
HUMAN SERVICES NETWORK, INC.

Principal Place of Business Mailing Address
4110 N. STATE ROAD #7 LAUDERDALE LAKES FL 33319-4027
4110 N. STATE ROAD #7 LAUDERDALE LAKES FL 33319-4027

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

3. Date Incorporated or Qualified	3a. Date of Last Report
09/17/1984	02/23/1994
4. FEI Number	Applied For
59-2450043	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

9. Name and Address of Current Registered Agent
PUDWELL, JOHN
8255 NW 9 COURT
PLANTATION FL 33324

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HURST, O. M III
STREET ADDRESS	110 SE 6 ST.
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	D
NAME	KLEIN, ROBERT
STREET ADDRESS	9681 N.W. 24TH PLACE
CITY-ST-ZIP	SUNRISE FL
TITLE	D
NAME	PENTZ, THOMAS R
STREET ADDRESS	2835 N. OCEAN BLVD.
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	VD
NAME	MILLER, VIRGINIA I
STREET ADDRESS	614 S. FEDERAL HWY.
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	YD
NAME	DEES, VAN S
STREET ADDRESS	600 NW 62ND ST.
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	MD
NAME	PUDWELL, JOHN
STREET ADDRESS	8255 NW 9 COURT
CITY-ST-ZIP	PLANTATION FL

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VON AMMON, FREDRIC
3.3 STREET ADDRESS	8004 NW 85th STREET
3.4 CITY-ST-ZIP	TAMARAC, FL 33321
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	BRANDT, ANN
4.3 STREET ADDRESS	300 NW 70th Ave
4.4 CITY-ST-ZIP	PLANTATION, FL 33317
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 110.07(3)(4), 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: *John Pudwell* 1/26/95 305-731-9770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
John Pudwell