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FILED
May 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N05178 (1)
1. Corporation Name
HUMAN SERVICES NETWORK, INC.



Principal Place of Business 4110 N. STATE ROAD #7 LAUDERDALE LAKES FL 33319-4827	Mailing Address 4110 N. STATE ROAD #7 LAUDERDALE LAKES FL 33319-4827
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3. Date Incorporated or Qualified 09/17/1984	3a. Date of Last Report 02/07/1996
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

4. FEI Number 59-2450043	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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 PUDWELL, JOHN
82 Street Address (P.O. Box Number is Not Acceptable) 2540 N.W. 80TH AVENUE
83
84 City MARGATE
85 Zip Code FL 33063

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: *John Pudwell, Executive Director* **JOHN PUDWELL** **4/10/97**

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	PD	<input type="checkbox"/> DELETE
NAME	HUNTER, SAMUEL P MD	
STREET ADDRESS	601 WEST ATLANTIC BLVD	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LONG, TOM	
STREET ADDRESS	FIRST UNION BANK, 200 EAST BROWARD BLVD	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BAILEY, PATRICK	
STREET ADDRESS	2460 NORTH STATE ROAD 7	
CITY-ST-ZIP	LAUDERDALE LAKES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KING, ROBIN	
STREET ADDRESS	TRIPP, SCOTT, CONKLIN-110 SE 6TH STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KLEIN, ROBERT	
STREET ADDRESS	8681 NE 24TH PLACE	
CITY-ST-ZIP	SNRISE FL	
TITLE	MD	<input type="checkbox"/> DELETE
NAME	PUDWELL, JOHN	
STREET ADDRESS	2450 NW 80TH AVENUE	
CITY-ST-ZIP	MARGATE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MEYERS JUDITH	
1.3 STREET ADDRESS	4725 N. FEDERAL HIGHWAY	
1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33308	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VINUEZA, CLAUDIA	
2.3 STREET ADDRESS	450 N. PARK ROAD # 600	
2.4 CITY-ST-ZIP	HOLLYWOOD, FL 33021	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SEITZ, ROB	
3.3 STREET ADDRESS	3301 COLLEGE AVENUE	
3.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33314	
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 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: *John Pudwell, Executive Director* **4/10/97 (954) 731-8770**

CR2E037 (9/96)