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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N05178

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/17/1984	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2450043	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PUDWELL, JOHN 2540 N.W. 80TH AVE. MARGATE FL 33063				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GAUDIOSI, JOHN	1.2 NAME	Eric M. Stoller
STREET ADDRESS	201 SE 6TH STREET	1.3 STREET ADDRESS	2521 Bay Pointe Court
CITY-ST-ZIP	FT LAUDERDALE FL 33301	1.4 CITY-ST-ZIP	Weston, FL 33327
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONG, TOM	2.2 NAME	
STREET ADDRESS	FIRST UNION BANK, 200 EAST BROWARD BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAILEY, PATRICK	3.2 NAME	
STREET ADDRESS	2460 NORTH STATE ROAD 7	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE LAKES FL	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBINSON, MAJORIE	4.2 NAME	Don Migliore
STREET ADDRESS	840 SW 81ST AVENUE	4.3 STREET ADDRESS	114 Lake Emerald Drive #202
CITY-ST-ZIP	N FT LAUDERDALE FL 33068	4.4 CITY-ST-ZIP	Oakland Park, FL 33309
TITLE	VD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KLEIN, ROBERT	5.2 NAME	Richard A. Calabria
STREET ADDRESS	9661 NE 24TH PLACE	5.3 STREET ADDRESS	St. Andrew Catholic Church
CITY-ST-ZIP	SNRISE FL	5.4 CITY-ST-ZIP	9950 NW 29th St., Coral Springs, FL33065
TITLE	MD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PUDWELL, JOHN	6.2 NAME	
STREET ADDRESS	2450 NW 80TH AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL	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 of 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: SIGNATURE OF PUDWELL, JOHN 3/19/99 954-731-8770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2F037 (1/1/98)