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Jul 16 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P40929** (2)

1. Corporation Name

**GATOR HUMAN SERVICES, INC.**



Principal Place of Business <b>3420 CAPITAL CIRCLE S.W.</b> <b>TALLAHASSEE FL 31972</b> <b>US</b>	Mailing Address <b>15100 MACK AVENUE</b> <b>GROSSE POINTE PARK MI 48230</b>
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3. Date Incorporated or Qualified <b>10/14/1992</b>	
4. FEI Number <b>38-3073688</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable

2. Principal Place of Business 21 <b>Suite, Apt. #, etc.</b> 22 <b>City &amp; State</b> 23 <b>Zip</b> 24 <b>Country</b>	2a. Mailing Address 26 <b>888 W. Big Beaver</b> 27 <b>Suite 1440</b> 28 <b>Troy, Michigan</b> 29 <b>48084</b> 30 <b>USA</b>
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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 checked="" 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 checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>ZLOCZOVER, VIRGINIA</b> <b>801 S.W. 34TH AVENUE</b> <b>BOYNTON BEACH FL 33435</b>	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
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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

*[Signature]*

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD <b>WOLLACK, ROBERT</b> <b>15100 MACK AVENUE</b> <b>GROSSE POINTE PK MI 48230</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Director <b>Wurhuff, Ron</b> <b>15100 Mack Avenue</b> <b>Grosse Pointe Park, MI 48230</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>WALSH, JAMES F.</b> <b>22350 WORESTER</b> <b>NOVI MI</b>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Director <b>Wilson, Daniel</b> <b>2692 US #1 South</b> <b>St. Augustine, FL 32086</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>ZLOCZOVER, VIRGINIA</b> <b>801 S.W. 34TH AVENUE</b> <b>BOYNTON BEACH FL</b>	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Director <b>Catoggio, Anthony</b> <b>2692 US #1 South</b> <b>St. Augustine, FL 32086</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>BLUMFELD, ROBERT</b> <b>43422 WEST OAKS DRIVE #176</b> <b>NOVI MI</b>	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETED	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	300002591443 -07/17/98-00000-000 ***61.25 01026 001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETED	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	7/16/98 706

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]*