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Feb 26, 1999 8:00 am  
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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # P40929**

1. Corporation Name

**GATOR HUMAN SERVICES, INC.**

Principal Place of Business  
3420 CAPITAL CIRCLE S.W.  
TALLAHASSEE FL 34972  
US

Mailing Address  
888 W. BIG BEAVER  
SUITE 1440  
TROY MI 48064  
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	2692 US 1 South	26		10/14/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
22	Suite 205	27		4. FEI Number	
City & State		City & State		38-3073688	
23	St. Augustine, FL	28		Applied For	
Zip Country		Zip Country		Not Applicable	
24	32086 USA	29		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		30		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
				Trust Fund Contribution	

9. Name and Address of Current Registered Agent

**ZLOCZOVER, VIRGINIA**  
801 S.W. 34TH AVENUE  
BOYNTON BEACH FL 33435

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

**FL**

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

*Virginia Zloczover*  
Signature, typed or printed name of registered agent and title if applicable

*Virginia Zloczover*  
(NOTE: Registered Agent signature required when reinstating)

1/19/99  
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLLACK, ROBERT	1.2 NAME	
STREET ADDRESS	15100 MACK AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	GROSSE POINTE PK MI 48230	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALSH, JAMES F.	2.2 NAME	
STREET ADDRESS	22350 WORESTER	2.3 STREET ADDRESS	
CITY-ST-ZIP	NOVI MI	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZLOCZOVER, VIRGINIA	3.2 NAME	
STREET ADDRESS	801 S.W. 34TH AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARHURST, RON	4.2 NAME	
STREET ADDRESS	15100 MARK AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	GROOSE POINT PARK MI 48230	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, DANIEL	5.2 NAME	
STREET ADDRESS	2692 US #1 SOUTH	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CATOGGIO, ANTHONY	6.2 NAME	
STREET ADDRESS	2692 US #1 SOUTH	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL 32086	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:

*Virginia Zloczover*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)