

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S13312 (1)

1. Corporation Name

SPECIAL NEEDS, INCORPORATED



Principal Place of Business

320 LONGWOOD HILLS RD
LONGWOOD FL 32750

Mailing Address

320 LONGWOOD HILLS RD
LONGWOOD FL 32750

2. Principal Place of Business

2a. Mailing Address

21 143 E. STATE Rd 434

26 Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Longwood Fla

28

Zip

Country

Zip

Country

24 32750

25 USA

29

30

3. Date Incorporated or Qualified

11/05/1990

3a. Date of Last Report

04/04/1995

4. FEI Number

59-3023542

Applied For

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes



Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FOSLER, JUNE CARYL
320 LONGWOOD HILLS RD
LONGWOOD FL 32750

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

June Caryl Foster

4/28/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P-D
NAME FOSLER, JUNE, C
STREET ADDRESS 320 LONGWOOD HILLS RD
CITY-STATE-ZIP LONGWOOD FL

DELETE

1. TITLE P-D
2. NAME Foster June C
3. STREET ADDRESS 320 Longwood Hills Rd
4. CITY-STATE-ZIP Longwood Fla 32750

Change

Addition

TITLE V
NAME FOSLER, GERALD
STREET ADDRESS 320 LONGWOOD HILLS RD
CITY-STATE-ZIP LONGWOOD FL

DELETE

2. TITLE
2. NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

Change

Addition

TITLE S
NAME NEUSCH, CINTHIA
STREET ADDRESS 2242 HOFFNER AVE
CITY-STATE-ZIP ORLANDO FL

DELETE

3. TITLE
3. NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

Change

Addition

TITLE D
NAME ULEKOWSKI, KATHRYN
STREET ADDRESS 505 MANSFIELD DR
CITY-STATE-ZIP ALTAMONTE SPRINGS FL

DELETE

4. TITLE
4. NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

DELETE

5. TITLE
5. NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

DELETE

6. TITLE
6. NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

Change

Addition

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 119.07(3)(k), Florida Statutes. I further certify that the information included in 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

June Caryl Foster
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June Caryl Foster 4/25/96 834-1299

CR2E034 (12/95)