

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Mar 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S36997** (2)
1. Corporation Name
**FLORIDA ASSOCIATION OF PRETRIAL SERVICES AGENCIE
S, INC.**

Principal Place of Business
**626 SE MONTEREY RD.
STUART FL 34994**

Mailing Address
**POST OFFICE BOX 1025
STUART FL 34995**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/07/1991	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0317958	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**HABEN, RALPH JR
1435 E. PIEDMONT DR. 201
SUITE A
TALLAHASSEE FL 32312**

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P.
NAME	BRASWELL, LINDA	1.2 NAME	Wayne H. Spath
STREET ADDRESS	626 S.E. MONTEREY ROAD	1.3 STREET ADDRESS	912 South Andrews Avenue
CITY-ST-ZIP	STUART FL 34994	1.4 CITY-ST-ZIP	Ft. Lauderdale, Florida 33316
TITLE	VP	2.1 TITLE	V.P.
NAME	CHARLIE, ALLEN	2.2 NAME	Cary Carlisle
STREET ADDRESS	3800 JOHN YOUNG PARKWAY SUITE B	2.3 STREET ADDRESS	1745 West Leonard Street
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	Pensacola, Florida 32501
TITLE	S	3.1 TITLE	S.
NAME	BETTY L. RICH	3.2 NAME	Pennina Sickler
STREET ADDRESS	7834 LITTLE RD.	3.3 STREET ADDRESS	5300 Roosevelt Boulevard
CITY-ST-ZIP	NEWPORT RICHEY FL	3.4 CITY-ST-ZIP	Clearwater, Florida 32269
TITLE	T	4.1 TITLE	T.
NAME	JAMES ELLROD T.	4.2 NAME	Michael A. Dickie
STREET ADDRESS	303 N. TEXAS AVE.	4.3 STREET ADDRESS	1399 NW 17th Ave. #306-D
CITY-ST-ZIP	TAVARES FL	4.4 CITY-ST-ZIP	Miami, Florida 33125
TITLE	D	5.1 TITLE	
NAME	ARMANDO ROCHE	5.2 NAME	
STREET ADDRESS	1910 ORIENT RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Wayne H. Spath

1/23/98

(954) 523-2245

CR2E034 (10/97)