

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Apr 12, 1999 8:00 am**  
**Secretary of State**

04-12-1999 90019 032 \*\*\*150.00

**DOCUMENT # S36997**

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

3. Date Incorporated or Qualified

**03/07/1991**

4. FEI Number

**65-0317958**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

**21 8411 GLENDALIN RD**

2a. Mailing Address

**26 8411 GLENDALIN ROAD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**23 TALLAHASSEE FL**

City & State

**28 TALLAHASSEE FL**

Zip

Country

**24 32311 25 US**

Zip

Country

**29 32311 30 US**

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 SPATH, WAYNE**  
**82 Street Address (P.O. Box Number is Not Acceptable)**  
**912 SOUTH ANDREWS AVENUE**  
**83**  
**84 City FT LAUDERDALE FL**  
**85 Zip Code 33316**

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)

**4-5-99**  
DATE

OFFICERS AND DIRECTORS

12. ☐ DELETE

**TITLE P**  
**NAME SPATH, WAYNE H.**  
**STREET ADDRESS 912 SOUTH ANDREWS AVENUE**  
**CITY-ST-ZIP FT. LAUDERDALE FL 33316**

☐ DELETE

**TITLE VP**  
**NAME CARLISLE, CARY**  
**STREET ADDRESS 1745 WEST LEONARD STREET**  
**CITY-ST-ZIP PENSACOLA FL 32501**

☐ DELETE

**TITLE S**  
**NAME SICKLER, PENNINA**  
**STREET ADDRESS 5300 ROOSEVELT BLVD**  
**CITY-ST-ZIP CLEARWATER FL 32209**

☐ DELETE

**TITLE T**  
**NAME DICKIE, MICHAEL A.**  
**STREET ADDRESS 1399 NW 17TH AVENUE #1306-D**  
**CITY-ST-ZIP MIAMI FL 33125**

☐ DELETE

**TITLE D**  
**NAME ARMANDO ROCHE**  
**STREET ADDRESS 1910 ORIENT RD.**  
**CITY-ST-ZIP TAMPA FL**

☐ DELETE

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**VP**  
**SICKLER, PENNINA**  
**5300 ROOSEVELT BLVD**  
**CLEARWATER, FL 34620**

**S**  
**GARCIA, JENNIFER**  
**1465 NW NORTH RIVER DRIVE**  
**MIAMI, FL 33125**

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)