

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N50473 (0)
1. Corporation Name
ASSOCIATION OF BROWARD COUNTY MEDIATORS, INC.



Principal Place of Business 116 SE 6TH CT FT. LAUDERDALE FL 33301	Mailing Address 116 SE 6TH CT FT. LAUDERDALE FL 33301-3129
---	--

3. Date Incorporated or Qualified 08/17/1992	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0355827	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**FISCHLER, MICHAEL A.
116 SOUTHEAST 6TH CT
FT. LAUDERDALE FL 33301**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	TD <input type="checkbox"/> DELETE
NAME	IRVING, BARBARA
STREET ADDRESS	12463 NW 10TH PL
CITY-ST-ZIP	SUNRISE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	FISCHLER, MICHAEL A
STREET ADDRESS	116 SE 6 CT
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	DVP <input checked="" type="checkbox"/> DELETE
NAME	ARNOLD, FRANCES A
STREET ADDRESS	2700 E OAKLAND PARK BLVD
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	GLANTZ, WENDY NEWMAN
STREET ADDRESS	7851 SW 6TH AVE
CITY-ST-ZIP	PLANTATION FL
TITLE	S <input type="checkbox"/> DELETE
NAME	KANELIDIS, NICK
STREET ADDRESS	2400 E COMMERCIAL BLVD., SUITE 706
CITY-ST-ZIP	FORT LAUDERDALE FL
TITLE	P <input type="checkbox"/> DELETE
NAME	WAXMAN, GERALDINE L
STREET ADDRESS	4992 N. PINE ISLAND RD.
CITY-ST-ZIP	LAUDERHILL FL 33351

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Itkin, Perry S.
1.3 STREET ADDRESS	224 S. E. 9th Street
1.4 CITY-ST-ZIP	Fort Lauderdale, FL 33316
2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Tell, Meah
2.3 STREET ADDRESS	11081 N. W. 2nd Drive
2.4 CITY-ST-ZIP	Coral Springs, FL 33071
3.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Capp, A1
3.3 STREET ADDRESS	One Financial Plaza, #1610
3.4 CITY-ST-ZIP	Fort Lauderdale, FL 33394
4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Purdy, H. Mark
4.3 STREET ADDRESS	1107 S. E. 4th Avenue
4.4 CITY-ST-ZIP	Fort Lauderdale, FL 33316
5.1 TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Kanelidis, Nick
5.3 STREET ADDRESS	2400 E. Commercial Boulevard, #706
5.4 CITY-ST-ZIP	Fort Lauderdale, FL 33308
6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Waxman, Geraldine L.
6.3 STREET ADDRESS	4950 N. Pine Island Road
6.4 CITY-ST-ZIP	Lauderhill, FL 33351

14. I do 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 trustee 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 attached form with an address.

SIGNATURE _____

CR2E037 (9/96)

954-524