**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # N50473 1. Corporation Name

ASSOCIATION OF BROWARD COUNTY MEDIATORS, INC.

Principal Place of Business 116 SE 6TH CT FT. LAUDERDALE FL 33301

2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address

116 SE 6TH CT

2a. Mailing Address

Suite, Apt. #, etc.

26

FT. LAUDERDALE FL 33301

## FILED May 17, 1999 8:00 am Secretary of State

05-17-1999 90019 010 \*\*\*\*61.25



3. Date Incorporated or Qualifed

08/17/1992

4. FEI Number

22		27					65-035582	21		No	t Applicable
City & Stat	е	City	/ & State				5. Certifcate of	Status Desired		\$8.75 / Fee Re	
23	Country	28 Zin			Country		6 51 11 6	Financina			
Zip	Country	Zip			.ountry			paign Financing		Added 1	May Be
24 25 29 30 3				<del>-</del> ,		Trust Fund C	ddress of New Re	aistored A		(O 1 663	
	9. Name and Address of Current	Registere	a Agent		81	Name	TO. Marine and A	GOIGES OF ITOM NO	gistereu A	Aair	
					"	Haine					
FISCHLER, MICHAEL A.					82	Street	Address (P.O. Box Numl	per is Not Acceptat	ole)		
116 SOUTHEAST 6TH CT					83						
FT. LAUDERDALE FL 33301											
					84	City				85 Zip	Code
									<u>FL</u>	)	
office or r	to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	f Florida. S	uch change was a	utnon.	zed by 1	tne corpo	corporation submits this oration's board of directo	statement for the pars. I hereby accept	the appoin	ment as re	registered gistered
SIGNATURE	Signature, typed or printed name of registered agent a	and title if appli	cable. (NOT	E: Regist	ered Agen	t signature r	equired when reinstating)		DATE		
12.	OFFICERS AND	DIRECTO	RS	1	13.		ADDITIONS/C	HANGES TO OFF			
TITLE	-TD	DELETE	1.	1.1 TITLE			SD		X Change	Addition	
NAME	BASS, IRIS M			1.	2 NAME						
STREET ADDRESS		<b>E</b> 5		1.	3 STREET	ADDRESS					
CITY-ST-ZIP	LAUDERHILL FL 33319	_		1.	4 CITY-ST	-ZIP					
TITLE	<b>Æ</b> ' □ DELETE		2.	2.1 TITLE			PD	•	X Change	☐ Addition	
NAME	BASS, DANIEL B			2.	2 NAME						
STREET ADDRESS	2523 N E 23RD STREET			2.	3 STREET	ADDRESS					
CITY-ST-ZIP	FT LAUDERDALE FL 33305	_		2	. 4 CITY-S	T-ZIP					
TITLE			☐ DELETE	3.	3.1 T/TLE			D		X Change	☐ Addition
NAME	CAPP AL			3.	.2 NAME						
STREET ADDRESS	ONE FINANCIAL PLAZA 1610			3.	.3 STREET	ADDRESS					
CITY-ST-ZIP	FT. LAUDERDALE FL			3.	4. CITY-S	T-ZIP					
TITLE	VD		☐ DELETE	4.	.1 TITLE					☐ Change	☐ Addition
NAME	POTASH, VELLA ROSENTHA			4.	2 NAME						
STREET ADDRESS				4.	3 STREET	ADDRESS					
CITY-ST-ZIP	POMPANO BEACH FL 33059			4.	4 CITY-\$1	-ZIP					
TITLE	SD- \'		☐ DELETE	5	.1 TITLE			VD		Change	☐ Addition
NAME	TELL. MEAH ROTHMAN			5	2 NAME			• -			,
STREET ADDRESS				5	.3 STREET	ADDRESS					
CITY-ST-ZIP	CORAL SPRINGS FL 33071			5	4 C/TY-S1	r-ZIP					
TITLE	D		☐ DELETE	6	.1 TITLE		Susan Dubow,	P-Elect/D		Change	XX Addition
NAME	WAXMAN, GERALDINE L				.2 NAME		West Regional	. Courthous	e-Medi	iation	Office
STREET ADDRESS				6	.3 STREET	ADDRESS	100 N. Pine I	sland Road	l		
CITY-ST-ZIP	LAUDEDHILL EL				.4 CITY-\$1	-ZiP	Plantation, F	<u> Iorida 333</u>	324		
14. I hereby	certify that the information supplied with	this filing	does not qualify for	or the e	exempti	on stated	d in Section 119.07(3)(i),	Florida Statutes. I	further certi	ify that the	information

indicated on this annual report or supplies and all similar does not quality for the exemplation and exemplate 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:

Applied For