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

PROFIT CORPORATION. ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State ** DIVISION OF CORPORATIONS

DOCUMENT # P97000094208 (0)

TRI-COUNTY MEDIATION, INC.

Princinal Place of Business

STREET ADDRESS

.

Mailing Address

FILED 98 FEB 12 PM 2: 53

SECRETARY OF STATE

Milling Address							
3230 STIRLING ROAD HOLLYWOOD FL 33021		3230 STIRLING ROAD HOLLYWOOD FL 33021			DO NOT WRITE IN THIS SPACE		
			•		3. Date Incorporated or Qualified 10/31/1997	, di Not	
. Principal Place	of Business	2a. Mailing Ad	2a. Mailing Address		4, FEt Number	Applied For	
}		26			1 1 - 2 - 1 - 2 - 1 - 2 - 1 - 2 - 1 - 2 - 2	Not Applicable	
Sulte, Apt. #, etc.		Suite, Apt.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country 25	Ζφ 29	Zip Country		8. This corporation owes or has paid the current year Intendible Personal Property Tax due June 30. Yes No		
9.	rrent Registered Agen			10. Name and Address of New Registered Agent			
HOLLO, BETTINA C 3230 STIRLING ROAD				81 Name			
	WOOD FL 33021				Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84 City	FL		
office or registe	e provisions of Sections 607, ared agent, or both, in the S niliar with, and accept the ol	tate of Florida. Such cha	ange was authorized	d by the corpor	rporation submits this statement for the purpose of alion's board of directors. I hereby accept the ap	of changing its registered pointment as registered	
IGNATURE							

1 SI 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PSTD DELET**E** ☐ Change ☐ Addition TITLE 1.1 TITLE HOLLO, BETTINA C NAME 1.2 NAME 3230 STIRLING ROAD STREET ADDRESS 1.3 STREET ADDRESS HOLLYWOOD FL 33021 <u>800002</u>432248---1 CITY-ST-ZIP 1.4 CITY-ST-ZIP -D2/17/98--D100000ge-U100Addition DELETE TITLE 2.1 TITLE ****150.00 ****150.00 NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE _ 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 THILE Change ___ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 THILE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 6 1 TITLE NAME 6.2 NAME

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.

63 STREET ADDRESS

1111.198