

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 PM 8:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S34939 (6)

1. Corporation Name
JUDICIAL MEDIATION, INC.

Principal Place of Business: P.O. BOX 14216 FORT LAUDERDALE FL 33002
Mailing Address: P.O. BOX 14216 FORT LAUDERDALE FL 33002

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **02/25/1991**
3a. Date of Last Report: **03/18/1994**

4. FEI Number: **65-0245606**
Applied For: Applied For
Not Applicable: 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 has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and Mailing Address (25-30) fields with sub-headers for Suite, Apt., etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MAGER, GERALD
4050 CYPRESS HAMMOCK LN
POMPANO BEACH FL 33069**

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 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: _____ (NOTE: Registered Agent signature required when registering) DATE: _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE: **PTS**
12.2 NAME: **MAGER, GERALD**
12.3 STREET ADDRESS: **4050 CYPRESS HAMMOCK LN.**
12.4 CITY - ST - ZIP: **POMPANO BCH. FL**

13.1 1 TITLE: Change Addition
13.2 12 NAME
13.3 13 STREET ADDRESS
13.4 14 CITY - ST - ZIP
13.5 21 TITLE: Change Addition
13.6 22 NAME
13.7 23 STREET ADDRESS
13.8 24 CITY - ST - ZIP
13.9 31 TITLE: Change Addition
13.10 32 NAME
13.11 33 STREET ADDRESS
13.12 34 CITY - ST - ZIP
13.13 41 TITLE: Change Addition
13.14 42 NAME
13.15 43 STREET ADDRESS
13.16 44 CITY - ST - ZIP
13.17 51 TITLE: Change Addition
13.18 52 NAME
13.19 53 STREET ADDRESS
13.20 54 CITY - ST - ZIP
13.21 61 TITLE: Change Addition
13.22 62 NAME
13.23 63 STREET ADDRESS
13.24 64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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: Gerald Magel, Pres. Date: 4-26-95 Expires 1/31/96: (205) 766-7400