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

PROFIT CORPORATION ANNUAL REPORT 1**9**98



Sendra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(5)

THE MEDIATION CENTER, INC.

FILED May 21 1998 8:00am Secretary of State



Principal Place	e of Businoss	Mailing Address			n negaride erin sanarı aranın hariri sirken zivi sirkiş sirkiş sirkiş salkiş bildiğ fildiğ i ibalı			
1051 WINDER	LEY PLACE	1051 WINDERLEY PLACE						
Sufte 206 Maitland Fl	99761	SUITE 206		DO NOT WRITE I	N THIS SDACE			
MANICAND FC	. 02/31	MAITLAND FL 32751		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
					11/21/1986			
	ace of Business	2a. Mailing Address			4. FEI Number		nplied For	
21 99	99 Douglas Avenue	26 999 Doug	las A	venue	59-2754089		ot Applicable	
Suite, Apt.	Apt. #, etc. Suite, Apt. #, €				5. Certificate of Status Desired	of Status Desired S8.75 Additional		
	uite 3333 27 Suite 3333				5. Certificate of Status Desired	Fee Re	equired	
City & State		City & State			6. Election Campaign Financing		\$5.00 May Be	
23 A1	ltamonte SpringsFI 28 Altamo		te Springs FL		Trust Fund Contribution	· · · · · · · · · · · · · · · · · · ·	to Fees	
	<u></u> -, '				w. This corporation owes of has paid		tangible T No	
32	714 25 Seminole 8. Name and Address of Current	Registered Agent	Ser	minole	Personal Property Tax due June 3 10. Name and Address of New Regi		_1 MD	
SAI	LFI, DOMINICK J.	· · · · · · · · · · · · · · · · · · ·	81	Name				
	11 WINDERLY PLACE, SUITE 208		82	<u> </u>				
	ITLAND CENTER		999 Do	ss (P.O. Box Number is Not Acceptable Ouglas Avenue, Su:	;) 1+△ 3335			
MAITLAND, 32751-4248								
			84	City Alta	amonte Springs	FL 85 Zip 3	Code 2714	
11. Pursuant le	o the provisions of Sections 607.0502	and 607.1508, Florida Statutes	s, the abov	e-named corno	ration submits this statement for the nu	rnoce of changing it	le registered	
Office or re	egi ste red agent, or both, in the State of In fam iliar with, and accept the obligation	l Horida, Such change was au	uthorized br	v the corporatio	n's board of directors. I hereby accept	the appointment as	registered	
SIGNATURE			ida Olalaio	J .				
	Signature, typed or pented name of registered agents	and little if applicable (NOTE:	Registered Age	ent signature required	when reinstaling)	DATE		
12.	OFFICERS AND I		13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTOR	S IN 12	
TITLE	PD PD	[_] DELFTE	1.1 TITLE			Change	☐ Addition	
NAME	SALFI, DOMINICK J.		1.2 NAME					
STREET ADDRESS	350 MARKHAM WOODS RD		1.3 STREET	ADDRESS				
CITY-ST-ZIP	LONGWOOD FL		1.4 CITY - ST - ZIP					
TITLE	ST DELETE		2.1 TITLE			L_ Change	Addition	
NAME	SALFI, DOMINICK J.		2.2 NAME					
STREET ADDRESS	350 MARKHAM WOODS RD.		2.3 STREET	ADDRESS				
CITY-ST-ZIP	LONGWOOD FL	Document	2 4 CITY-1	S1 - ZIP				
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STREET ADDRESS			3.3 STREET	* '				
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NAME		El pereire				L_1 Change	☐ Addition	
STREET ADDRESS			4. 2 NAME	ADDDCCC				
CITY-ST-ZIP			4.3 STREE1 4.4 City - S					
TITLE		DELETE	5.1 TITLE	1-ZIP		☐ Change	Addition	
NAME			5.2 NAME	İ		C Outsilde	Addition	
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-ST-ZIP			5.4 CHY-S	1				
TITLE		DELETE	6.1 TITLE	. 411		Change	Addition	
NAME		_ 	62 NAME	•		مري ما		
STREET ADDRESS			6 3 STREET	ADDRESS				
CITY-ST-ZIP			6 4 City-S					
	ertify that the information supplied with	this filling does not quality for	the exemp	tion stated in Se	ection 119.07(3)(i), Florida Statutes. I fu shall have the same legal effect as if m	rther certify that the	information	
indicated o	on this annual report or supplemental a lirector of the collegation or the receive	unual report is true and accur or trustee empowered to ex	rate and the	at my signature report as requir	shall have the same legal effect as if med by Chapter 607, Florida Statules; an	lade under oath; tha	it I am an	
Block 12 o	r Block Still changed, or on an attachi	neal with an address	7	aport do roquin	as sy chapter out, Horida dialotes, an	о отог тту патто арр	/uais iii	