FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 11 PM 2:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J96859 (0)

1. Corporation Name
DISPUTE MANAGEMENT, INC.

Principal Place of Business	Mailing Address
18 WALL STREET PLAZA ORLANDO FL 32801	18 WALL STREET PLAZA ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/12/1987
3a. Date of Last Report: 06/24/1994

21 2. Principal Place of Business: 2400 Maitland Ctr. Pkwy.
22 Suite, Apt. #, etc.: Suite 225
23 City & State: Maitland FL
24 Zip: 32751
25 Country:

26 2a. Mailing Address: same
27 Suite, Apt. #, etc.: "
28 City & State: "
29 Zip: "
30 Country:

4. FEI Number: 59-2881858 ☐ Applied For ☐ 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

9. Name and Address of Current Registered Agent

STRAWN, DAVID U.,ESQ.
105 NW IVANHOE BLVD
ORLANDO, FL. 32804

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DAVID U. STRAWN 2/14/95
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PVT	1.1 TITLE	PVT	☑ Change ☐ Addition
NAME	STRAWN, DAVID U.	1.2 NAME	STRAWN DAVID U.	
STREET ADDRESS	18 WALL ST PLAZA	1.3 STREET ADDRESS	2400 Maitland Center Pkwy., Ste 225	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	Maitland, FL 32751	
TITLE	S	2.1 TITLE	S.	☑ Change ☐ Addition
NAME	STRAWN, DAVID U.	2.2 NAME	Strawn, David U.	
STREET ADDRESS	18 WALL ST PLAZA	2.3 STREET ADDRESS	2400 Maitland Center Pkwy., Ste. 225	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	Maitland, FL 32751	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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)(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 added on an attachment with an address.

SIGNATURE: _____ DAVID U. STRAWN, ARES. 2/14/95 407-660-0966
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0417177 FP