SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

appears in Block 12 or Block 13 if g

Aug 19 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # J96859 (0)DISPUTE MANAGEMENT, INC. Principal Place of Business Mailing Address 2400 MAITLAND CTR. PKWY 2400 MAITLAND CTR. PKWY SUITE 225 SUITE 225 MAITLAND FL 32751 MAITLAND FL 32751 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 10/12/1987 08/01/1996 2a. Malling Address 26 POBOX 541538 2. Principal Place of Business FEI Number Applied For 1518 Clouser Are 59-2881858 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Orlando Orlando Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible 32854-1538 USA NZU X Yes Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 STRAWN, DAVID U.,ESQ. STRAWN 105 NW IVANHOE BLVD 82 ORLANDO, FL. FL 32804 83 11. Pursuant to the provisions of Section office or registered agent, or both, agent. I am familiar with and accept pe 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered the obligations of, Section 607.0505, Florida Statutes. OAVIO U. STRAWN
(NOTE: Registered Agent signature required when ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition TITLE 1.1 TITLE STRAWN, DAVID U. 1.2 NAME NAME 105 NW IVANHOE BLVD. 1518 clouser the STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL 32804 orlando, FL 32804 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change VICE PRESIDENT AND RECTOR Addition TITLE 2.1 THUE STRAWN, FRANCES 2.2 NAME NAME 105 NW IVANHOE BLVD. 1518 Clouser Are STREET ADDRESS 2.3 STREET ADDRESS ORLANDO FL 32804 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 31 TITLE ☐ Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - \$1 - ZIP DELETE 4.1 TITLE Addition TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing doos 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 of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the compilation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

DI ONITION

FILED