

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N40181** (2)

1. Corporation Name

THE AMERICAN INSTITUTE OF MEDIATORS, INC.



Principal Place of Business

Mailing Address

~~C/O 222 WEST COMSTOCK AVENUE
SUITE 210
WINTER PARK FL 32789~~

~~C/O 222 WEST COMSTOCK AVENUE
SUITE 210
WINTER PARK FL 32789~~

3. Date Incorporated or Qualified **10/02/1990** 3a. Date of Last Report **05/16/1995**

21 **1335 Beechwood**

2a. Mailing Address **same**

4. FEI Number **59-3045002** Applied For Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 **St Cloud FL**

28 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 **34772**

25 **Osceola**

29 Zip

30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARKEL, JAMES W.
222 WEST COMSTOCK AVENUE
SUITE 210
WINTER PARK FL 32789**

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 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed 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 **DP** DELETE
NAME **MARKEL, JAMES W.**
STREET ADDRESS **222 W.COMSTOCK AVE.,#210**
CITY-ST-ZIP **WINTER PARK FL**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **DT** DELETE
NAME **OVERMAN, ELBERT**
STREET ADDRESS **222 W.COMSTOCK AVE.,#210**
CITY-ST-ZIP **WINTER PARK FL**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D** DELETE
NAME **WEAVER, WILLIAM C.**
STREET ADDRESS **222 W.COMSTOCK AVE.,#210**
CITY-ST-ZIP **WINTER PARK FL**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** DELETE
NAME **SCHMIDT, WALLACE V**
STREET ADDRESS **120 PRESSVIEW AVENUE**
CITY-ST-ZIP **LONGWOOD FL 32750**

4.1 TITLE Change Addition
4.2 NAME **DAN PARKER**
4.3 STREET ADDRESS **221 MISSISSIPPI AVE**
4.4 CITY-ST-ZIP **St. Cloud FL 34769**

TITLE **D** DELETE
NAME **GOLDSTEIN, JOSEPH I**
STREET ADDRESS **390 NORTH ORANGE AVENUE, SUITE 1285**
CITY-ST-ZIP **ORLANDO FL 32801**

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME **JOHN KILB**
6.3 STREET ADDRESS **1700 13th St. Suite 2**
6.4 CITY-ST-ZIP **St. Cloud, FL 34769**

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/96
Date

(407) 892-6664
Daytime Phone #

CR2E037 (12/95)