

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N50473 (0)**  
1. Corporation Name  
**ASSOCIATION OF BROWARD COUNTY MEDIATORS, INC.**



Principal Place of Business: 116 SE 6TH CT FT. LAUDERDALE FL 33301  
Mailing Address: 116 SE 6TH CT FT. LAUDERDALE FL 33301

3. Date Incorporated or Qualified: 08/17/1992  
3a. Date of Last Report: 03/09/1995  
4. FEI Number: 65-0355827  
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) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent: **FISCHLER, MICHAEL A. 116 SOUTHEAST 6TH CT FT. LAUDERDALE FL 33301**  
10. Name and Address of New Registered Agent (81) Name (82) Street Address (83) (84) City (85) Zip Code: **FL**

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 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 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: TD	NAME: IRVING, BARBARA	1.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 12463 NW 10TH PL	CITY-ST-ZIP: SUNRISE FL	1.2 NAME:	
	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS:	
TITLE: D	NAME: FISCHLER, MICHAEL A	1.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 116 SE 6 CT	CITY-ST-ZIP: FT. LAUDERDALE FL	2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	2.2 NAME:	
TITLE: DVP	NAME: ARNOLD, FRANCES A	2.3 STREET ADDRESS:	
STREET ADDRESS: 2700 E OAKLAND PARK BLVD	CITY-ST-ZIP: FT. LAUDERDALE FL	2.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	3.1 TITLE:	100001814271
TITLE: <del>DP</del>	NAME: GLANTZ, WENDY NEWMAN	3.2 NAME:	-05/09/96--01010--022
STREET ADDRESS: 7951 SW 6TH AVE	CITY-ST-ZIP: PLANTATION FL	3.3 STREET ADDRESS:	***61.25
	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S	NAME: KANELIDIS, NICK	4.1 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 2400 E COMMERCIAL BLVD., SUITE 706	CITY-ST-ZIP: FORT LAUDERDALE FL	4.2 NAME:	
	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS:	
TITLE:	NAME:	4.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:		5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP:		5.2 NAME:	
	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS:	
TITLE:		5.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME:		6.1 TITLE:	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS:		6.2 NAME:	Geraldine Lee Waxman
CITY-ST-ZIP:		6.3 STREET ADDRESS:	4992 N. Pine Island Road
	<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP:	Lauderhill, FL 33351

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: *Michael A. Fischler* Michael A. Fischler, Dir. 04/26/96 (954) 763-5778  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

*JK*  
*5-1-96*