

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 (81-85):

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: _____
(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:	
TITLE: D	NAME: FISCHLER, MICHAEL A	1.3 STREET ADDRESS:	
STREET ADDRESS: 116 SE 6 CT	CITY-ST-ZIP: FT. LAUDERDALE FL	1.4 CITY-ST-ZIP:	
TITLE: DVP	NAME: ARNOLD, FRANCES A	2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 2700 E OAKLAND PARK BLVD	CITY-ST-ZIP: FT. LAUDERDALE FL	2.2 NAME:	
TITLE: DP	NAME: GLANTZ, WENDY NEWMAN	2.3 STREET ADDRESS:	
STREET ADDRESS: 7951 SW 6TH AVE	CITY-ST-ZIP: PLANTATION FL	2.4 CITY-ST-ZIP:	
TITLE: S	NAME: KANELIDIS, NICK	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 2400 E COMMERCIAL BLVD., SUITE 706	CITY-ST-ZIP: FORT LAUDERDALE FL	3.2 NAME:	
TITLE:	NAME:	3.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	3.4 CITY-ST-ZIP:	
TITLE:	NAME:	4.1 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	4.2 NAME:	
TITLE:	NAME:	4.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	4.4 CITY-ST-ZIP:	
TITLE:	NAME:	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	5.2 NAME:	
TITLE:	NAME:	5.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	5.4 CITY-ST-ZIP:	
TITLE:	NAME:	6.1 TITLE:	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	6.2 NAME:	
TITLE:	NAME:	6.3 STREET ADDRESS:	
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)(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