

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



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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/17/1992	3a. Date of Last Report 03/09/1995
21		26		4. FEI Number 65-0355827	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28			
24	Zip	25	Country	29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

•FISCHLER, MICHAEL A.
116 SOUTHEAST 6TH CT
FT. LAUDERDALE FL 33301

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 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

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	TD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IRVING, BARBARA		1.2 NAME	
STREET ADDRESS	12463 NW 10TH PL		1.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL		1.4 CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISCHLER, MICHAEL A		2.2 NAME	
STREET ADDRESS	116 SE 6 CT		2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL		2.4 CITY-ST-ZIP	
TITLE	DVP	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARNOLD, FRANCES A		3.2 NAME	
STREET ADDRESS	2700 E OAKLAND PARK BLVD		3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL		3.4 CITY-ST-ZIP	
TITLE	DP	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLANTZ, WENDY NEWMAN		4.2 NAME	
STREET ADDRESS	7951 SW 6TH AVE		4.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL		4.4 CITY-ST-ZIP	
TITLE	S	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KANELIDIS, NICK		5.2 NAME	
STREET ADDRESS	2400 E COMMERCIAL BLVD., SUITE 706		5.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL		5.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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)(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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael A. Fischler, Dir.

04/26/96

(954) 763-5778

Date

Daytime Phone #

CR2E037 (12/95)