


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 17 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # N50473 (0)**

1. Corporation Name  
**ASSOCIATION OF BROWARD COUNTY MEDIATORS, INC.**



Principal Place of Business <b>116 SE 6TH CT FT. LAUDERDALE FL 33301</b>	Mailing Address <b>116 SE 6TH CT FT. LAUDERDALE FL 33301-3129</b>
---	--

3. Date Incorporated or Qualified <b>08/17/1992</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>65-0355827</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

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

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> 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

TITLE	<b>TD</b> <input type="checkbox"/> DELETE
NAME	<b>IRVING, BARBARA</b>
STREET ADDRESS	<b>12463 NW 10TH PL</b>
CITY-ST-ZIP	<b>SUNRISE FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>FISCHLER, MICHAEL A</b>
STREET ADDRESS	<b>116 SE 6 CT</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>
TITLE	<b>DVP</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>ARNOLD, FRANCES A</b>
STREET ADDRESS	<b>2700 E OAKLAND PARK BLVD</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>GLANTZ, WENDY NEWMAN</b>
STREET ADDRESS	<b>7851 SW 6TH AVE</b>
CITY-ST-ZIP	<b>PLANTATION FL</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>KANELIDIS, NICK</b>
STREET ADDRESS	<b>2400 E COMMERCIAL BLVD., SUITE 706</b>
CITY-ST-ZIP	<b>FORT LAUDERDALE FL</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>WAXMAN, GERALDINE L</b>
STREET ADDRESS	<b>4992 N. PINE ISLAND RD.</b>
CITY-ST-ZIP	<b>LAUDERHILL FL 33351</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Itkin, Perry S.</b>
1.3 STREET ADDRESS	<b>224 S. E. 9th Street</b>
1.4 CITY-ST-ZIP	<b>Fort Lauderdale, FL 33316</b>
2.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Tell, Meah</b>
2.3 STREET ADDRESS	<b>11081 N. W. 2nd Drive</b>
2.4 CITY-ST-ZIP	<b>Coral Springs, FL 33071</b>
3.1 TITLE	<b>V/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Capp, A1</b>
3.3 STREET ADDRESS	<b>One Financial Plaza, #1610</b>
3.4 CITY-ST-ZIP	<b>Fort Lauderdale, FL 33394</b>
4.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Purdy, H. Mark</b>
4.3 STREET ADDRESS	<b>1107 S. E. 4th Avenue</b>
4.4 CITY-ST-ZIP	<b>Fort Lauderdale, FL 33316</b>
5.1 TITLE	<b>S/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Kanelidis, Nick</b>
5.3 STREET ADDRESS	<b>2400 E. Commercial Boulevard, #706</b>
5.4 CITY-ST-ZIP	<b>Fort Lauderdale, FL 33308</b>
6.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>Waxman, Geraldine L.</b>
6.3 STREET ADDRESS	<b>4950 N. Pine Island Road</b>
6.4 CITY-ST-ZIP	<b>Lauderhill, FL 33351</b>

14. I do hereby certify that the information supplied with this filing does 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 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 trustee 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 attached form with an address.

SIGNATURE \_\_\_\_\_

CR2E037 (9/96)

954-524