

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 08/17/1992	
4. FEI Number 65-0355827	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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 (P.O. Box Number is Not Acceptable)	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	IRIS M. BASS TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IRVING, BARBARA	1.2 NAME	
STREET ADDRESS	12463 NW 10TH PL	1.3 STREET ADDRESS	6800 W. COMMERCIAL BLVD, STE 5
CITY-ST-ZIP	SUNRISE FL	1.4 CITY-ST-ZIP	LAUDERHILL, FL 32719
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISCHLER, MICHAEL A	2.2 NAME	DANIEL G. BASS
STREET ADDRESS	116 SE 6 CT	2.3 STREET ADDRESS	2523 N.W. 23rd St
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33305
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPP AL	3.2 NAME	
STREET ADDRESS	ONE FINANCIAL PLAZA 1610	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLANTZ, WENDY NEWMAN	4.2 NAME	Vella Rosenthal Potash
STREET ADDRESS	7951 SW 6TH AVE	4.3 STREET ADDRESS	2900 N. Palm AVE. DR. # 301
CITY-ST-ZIP	PLANTATION FL	4.4 CITY-ST-ZIP	Pompano Beach FL 33059
TITLE	SD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KANELIDIS, NICK	5.2 NAME	MIRIAM ROTHMAN TELL
STREET ADDRESS	2400 E COMMERCIAL BLVD., SUITE 706	5.3 STREET ADDRESS	11081 N.W. 12th DR.
CITY-ST-ZIP	FORT LAUDERDALE FL	5.4 CITY-ST-ZIP	Coral Springs, FL 33071
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAXMAN, GERALDINE L	6.2 NAME	
STREET ADDRESS	4950 N PINE ISLAND RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL	6.4 CITY-ST-ZIP	

14. I 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 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: *[Signature]* **President** **4/15/98** **954-462-8007**

CR2E037 (10/97)