


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

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 FL 85 Zip Code
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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

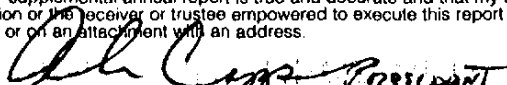
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	IRVING, BARBARA
STREET ADDRESS	12463 NW 10TH PL
CITY-ST-ZIP	SUNRISE FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	FISCHLER, MICHAEL A
STREET ADDRESS	116 SE 6 CT
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	CAPP AL
STREET ADDRESS	ONE FINANCIAL PLAZA 1610
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	GLANTZ, WENDY NEWMAN
STREET ADDRESS	7951 SW 6TH AVE
CITY-ST-ZIP	PLANTATION FL
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	KANELIDIS, NICK
STREET ADDRESS	2400 E COMMERCIAL BLVD., SUITE 706
CITY-ST-ZIP	FORT LAUDERDALE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	WAXMAN, GERALDINE L
STREET ADDRESS	4950 N PINE ISLAND RD
CITY-ST-ZIP	LAUDERHILL FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	IRIS M. BASS TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	6800 W. COMMERCIAL BLVD, STE
1.4 CITY-ST-ZIP	LAUDERHILL, FL 33319
2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DANIEL G. BASS
2.3 STREET ADDRESS	2523 NW. 23rd St
2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33305
3.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Vella Rosenthal Potash
4.3 STREET ADDRESS	2900 N. Palm AVE. DR. # 301
4.4 CITY-ST-ZIP	Pompano Beach FL 33069
5.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	MEAH ROTHMAN TELL
5.3 STREET ADDRESS	11081 NW. 12th DR.
5.4 CITY-ST-ZIP	Coral Springs, FL 33071
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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:  **President** **4/15/98** **954-462-8007**

CR2E037 (10/97)