FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



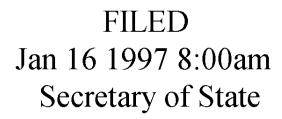
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P93000026994 (2)

AMERICAN MEDIATION, INC.





Principal Place of Business 2800 LAKE LUCIEN DRIVE SUITE 237 MAITLAND FL 32751		Mailing Address				J 30 BILO DI 240 INCON INCON DENIN DENIN DENIN DENIN DENIN DINA DINA ENIN ERIN ERIN ERIN ERIN ERIN ERIN ERIN			
		SUITE 237	2600 LAKE LUCIEN DRIVE SUITE 237 MAITLAND FL 32751-7234						
		MAITLANU FL 32/31-/23				3. Date Incorporated or Qualified 04/09/1993	e of Last Report		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number			plied For
21		26				59-3183813			of Applicable
Suite Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		•	Additional
22		27							equired
City & State	e	City & State				6. Election Campaign Financing			May Be
23	Constant	28	T 0-			Trust Fund Contribution			to Fees
Zip	Country	Zip		ountry	,	8. This corporation has liability for	r intangible Yes		. 199.032,
24	25 9. Name and Address of Currer	29	30			Florida Statutes 10. Name and Address of New F		No	
		it riogistored Agent		81	Name	TO. NEITHE BING AGGIOSS OF FROM F	ogiatorea :	Jan	
	EY, DAVID A								
	BLUFF OAK STREET		B2 Street Ad			fress (P.O. Box Number is Not Accept	able)		
APO	PKA FL 32712			83		·····			
				84	City		FL	85 Zip	Code
SIGNATURE:	im familiar with, and accept the oblig	ent and too it applicable (No	DTE Register	red Ag		uired when reinstating)	DATE	· ····································	
12.	OFFICERS AN	D DIRECTORS	13			ADDITIONS/CHANGES TO OFF	ICERS AND		
TITLE	D	☐ DELETE	1.1	TITLE				Change	Addition
NAME	HIGLEY, DAVID A		1.2	NAME					
STREET ADDRESS	1944 BLUFF OAK STREET		1.3	STREE	ADDRESS				
CITY - ST - ZIP	APOPKA FL 32712	T DELETE		CITY S	ST-ZIP			Change	T transfer
TITLE	D	☐ DELETE		THILE	İ			Change	Addition
NAME	BARFIELD, WILLIAM E			NAME					
STREET ADDRESS	1451 CEDAR GLEN DRIVE				ADDRESS				
CITY-ST-ZIP TITLE	APOPKA FL 32712	DELETE			ST-ZIP	· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME		רו מננכונ	1	TITLE				Criange	ELI AUGINON
STREET ADDRESS					r ADODECC				
			1		T ADDRESS				
ĊΠY÷S₹÷ZIP TITLE		DELETE		. CHY- TITLE	ST-ZIP			☐ Change	Addition
NAME		presse		NAME					Land , required it
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			1						
TITLE		☐ DEFELE	***************************************	CITY :: TITLE)1 ~ £1F			Change	Addition
NAME		hand to be to be		NAME				-14.90	
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				CITY					
TITLE	<u> </u>	☐ DELETE		TITLE	21 ° £11			Change	Addition
NAME				NAME					
STREET ADDRESS					T ADDRESS				
CITY-ST-ZIP				CITY					

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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

407-875-1177