

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

FILED

Feb 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000055539 (9)

1. Corporation Name
DISPUTE RESOLUTION, INC.

Principal Place of Business

224 SE 9TH ST
FT LAUDERDALE FL 33316
US

Mailing Address

224 SE 9TH ST
FT LAUDERDALE FL 33316
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/05/1993

4. FEI Number

65-0443034

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business
21 2200 NE 33RD Ave.

Suite, Apt. #, etc

22 Suite 8 G

City & State

23 Fort Lauderdale, FL

Zip

24 33305

Country

25 USA

2a. Mailing Address
26 2200 NE 33RD Ave.

Suite, Apt. #, etc

27 Suite 8 G

City & State

28 Fort Lauderdale, FL

Zip

29 33305

Country

30 USA

9. Name and Address of Current Registered Agent

ITKIN, PERRY S
224 SE 9TH ST
FORT LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

81 Name	Perry S. Itkin
82 Street Address (P.O. Box Number is Not Acceptable)	2200 NE 33 Ave - Suite 8 G
83	
84 City	Fort Lauderdale
85 Zip Code	FL 33305

11. Pursuant to the provisions of Section 607.01(2) and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered
office or registered agent, or both, to the address stated below. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered
agent. I am familiar with, and acknowledge the obligations imposed by, Section 607.01(2), Florida Statutes.

SIGNATURE:  Perry S. Itkin Pres. & Registered Agent 2/2/98

Sign date, typed or printed name of registered agent and date applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PTSD	<input type="checkbox"/> DELETE
NAME	ITKIN, PERRY S.	
STREET ADDRESS	224 SE 9TH ST	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PTSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PERRY S. ITKIN	
1.3 STREET ADDRESS	2200 NE 33 Avenue - Suite 8 G	
1.4 CITY-ST-ZIP	Fort Lauderdale, FL 33305	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 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, and that I am duly authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in
Block 12 or Block 13 if changed, on this filing.

SIGNATURE:  PERRY S. ITKIN 2/2/98 954-524-8546

CR2E034 (10/97)