

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northman
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 2:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000053972 (3)**

1. Corporation Name

DISPUTE RESOLUTION FORUM, INC.

Principal Place of Business

**625 N FLAGLER DRIVE 9TH FLOOR
WEST PALM BEACH FL 33401**

Mailing Address

**625 N FLAGLER DRIVE 9TH FLOOR
WEST PALM BEACH FL 33401**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/18/1994

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc

2a. Mailing Address

25 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number

65-0567080

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**KATZ, MARTIN V
625 N FLAGLER DRIVE 9TH FLOOR
WEST PALM BEACH FL 33401**

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

11. Pursuant to the provisions of Sections 607.0502 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, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and date of application

(NOTE: Registered Agent signature required when transferring)

Date

12. OFFICERS AND DIRECTORS

TITLE **D**
NAME **KATZ, MARTIN V**
STREET ADDRESS **625 N FLAGLER DRIVE 9TH FLOOR**
CITY ST ZIP **WEST PALM BEACH FL 33401**

TITLE **D**
NAME **SHEEHAN, THOMAS A III**
STREET ADDRESS **625 N FLAGLER DRIVE 9TH FLOOR**
CITY ST ZIP **WEST PALM BEACH FL 33401**

TITLE **D**
NAME **MAYANS, STEVEN A**
STREET ADDRESS **625 N FLAGLER DRIVE 9TH FLOOR**
CITY ST ZIP **WEST PALM BEACH FL 33401**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY ST ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY ST ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY ST ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY ST ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY ST ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY ST ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 registered agent employed 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 in the statement with no address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

MARTIN V. KATZ
Director

1/18/95

Date

407-639-2500
Telephone Number