FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 20 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000086385 (9)**

1. Corporation Name
ADAMS MEDIATION SERVICE, INC.

Principal Place of Business	Mailing Address
303 BANYAN BLVD., SUITE 400 WEST PALM BEACH FL 33401	303 BANYAN BLVD., SUITE 400 WEST PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/28/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 2240 Woolbright Rd.	26 2240 Woolbright Rd.
Suite, Apt. #, etc. 22 Suite 301	Suite, Apt. #, etc. 27 Suite 301
City & State 23 Boynton Beach, Fla.	City & State 28 Boynton Beach, Fla.
Zip / County 24 33426 / 25 Palm Beach	Zip / County 29 33426 / 30 Palm Beach

4. FEI Number: 65-0562290 — ☐ 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	10. Name and Address of New Registered Agent
ADAMS, JAMES M 303 BANYAN BLVD., SUITE 400 WEST PALM BEACH FL 33401	81 Name: Adams, James M. 82 Street Address (P.O. Box Number is Not Acceptable): 2240 Woolbright Rd., Suite 301 83 84 City: Boynton Beach, Fla. FL 85 Zip Code: 33426

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: James M. Adams — DATE
Signature of, and printed name of, registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	Director, President	☐ Change ☐ Addition
NAME	ADAMS, CATHERINE W	12 NAME	Adams, Catherine W.	
STREET ADDRESS	303 BANYAN BLVD., SUITE 400	13 STREET ADDRESS	2240 Woolbright Rd.	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	14 CITY-ST-ZIP	Boynton Beach, Fla. 33426	
TITLE	D	21 TITLE		☒ Change ☐ Addition
NAME	ADAMS, JAMES M	22 NAME		
STREET ADDRESS	303 BANYAN BLVD., SUITE 400	23 STREET ADDRESS	delete James M. Adams as a director	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	24 CITY-ST-ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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 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.

SIGNATURE: Catherine W. Adams — Catherine W. Adams, P. 4/14/95 — (407) 968-6809
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

0243087 CP