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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

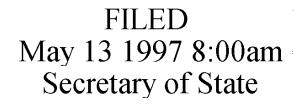
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P95000004098 (6)**

THE MEDIATION GROUP OF OSCEOLA, INC.

Principal Place of Business

Mailing Address





1335 BEECHWOO ST. CLOUD FL 3			1335 BEECHWOOD DR. 8T. CLOUD FL 34772-7553						<u>-</u>			
					3. Date incorporated or Qualified 01/13/1995		3a. Date of Last Report 05/01/1996					
2. Principal Pla 21	ace of Business	2a. Mailing Address 26				4. FEI Number 59-3295034	Applied For Not Applicable					
Suite, Apt. #	t, elc	Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·			5. Certificate of Status Desired		\$8.75 Additional Fee Regulred				
City & State		City & State				Election Campaign Financing Trust Fund Contribution		\$!	5.00	May Be		
Zip 4	Country Zip Country 25 29 30					Intry 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No						
	9. Name and Address of Curr	rent Registered Agent				10. Name and Address of New Re	gistered /	Agent				
	, Linda Beechwood dr.			61	Name							
1335 ST. C			82	Street Ad	dress (P.O. Box Number is Not Acceptab	le)						
			j.	83	ı							
				84	City		FL	85	Zip	Code		
11. Pursuant to	o the provisions of Sections 607.0	0502 and 607.1508, Florida St	atutes, the ab	ove	a-named co	orporation submits this statement for the p		chan	ging it	s registered		
office or re	egistered agent, or both, in the Sta ii familiar with, and accept the ob	ate of Florida. Such change w	as authorized	bν	the corpor	ration's board of directors. I hereby accept	t the app	ointme	ent as	registered		
•	r tarmar with, and accept the ob	ngations of, ocolor our loods	, ronda dian	103								
SIGNATURE	Signature, typical or printed name of registered	agent and tire if applicable	(NOTE: Registered	Age	ni signature rec	quired when reinstating)	DATE					
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	_				
TITLE	D D	☐ DELETE	1.1 TET					L] C	nan g e	Addition		
	KING, JOHN L		1.2 NA		1							
STREET ADDRESS	1335 BEECHWOOD DR. ST. CLOUD FL 34772				ADDRESS							
CHY-ST-ZIP	31. CLOUD FL 34/12	DELETE	1.4 CIT		r-zip					Additio		
TULE NAME			2.1 TITI 2.2 NAI					اما ليسا	ign No.	Months		
STREEL ADDRESS					ADDRESS							
CHY-SI-ZIP			2.4 (1)			s <mark>fa</mark>	.*					
TITLE		DELETE	3.1 TIT		11-12-1		··············	□ či	hange	Additio		
NAME		•	3.2 NA	VÆ					•	•		
STREET ADDRESS			3.3 STF	REET	ADDRESS							
CITY-ST-ZIP	1		3.4. CIT	IY-\$	ST-ZIP							
TITLE		DELETE	4.1 TIT	LE					hange	☐ Additio		
NAME			4. 2 NA	ME								
STREET ADDRESS			4.3 STF	REET	ADDRESS							
CITY-ST-ZIF			4.4 CIT	Y-51	T - 21P							
TITLE		☐ DELETE	5.4 TITI	LE		-		CI CI	ange	Additio		
NAME			5.2 NA	WE								
STREET ADDRESS			5.3 S1F	REET	ADDRESS							
CITY - ST - 7iP			5.4 CIT	-	r-zip			T-1 -				
TITLE		☐ DELETE	6,1 TfT		j			∐ C	hange	Additio		
NAME			6.2 NA	ME								
STREET ADDRESS			6.3 SYF	EET.	ADDRESS							
CITY-ST-ZIP			6.4 CIT	Y - S1	T - ZIP							

14. I do hereby certily 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.