


**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90046 016 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS																																																									
<b>DOCUMENT # P95000004098</b> 1. Corporation Name <b>THE MEDIATION GROUP OF AMERICA, INC.</b>																																																													
Principal Place of Business <b>1235 BEECHWOOD DR. 1700 13<sup>th</sup> St, #2</b> <b>ST. CLOUD FL 34772 St. Cloud, FL 34769</b>		Mailing Address <b>1335 BEECHWOOD DR. 1700 13<sup>th</sup> St.</b> <b>ST. CLOUD FL 34772 Suite 2</b> <b>St. Cloud, FL 34769</b>																																																											
2. Principal Place of Business <b>21 1700 13<sup>th</sup> St.</b> Suite, Apt. #, etc. <b>22 Suite 2</b> City & State <b>23 St. Cloud, FL</b> Zip <b>24 34769</b> Country <b>25 USA</b>		2a. Mailing Address <b>26 Same</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country <b>30</b>		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <b>01/13/1995</b> 4. FEI Number <b>59-3295034</b> Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																									
9. Name and Address of Current Registered Agent <b>KING, LINDA</b> <b>1335 BEECHWOOD DR. 6100 Via Fortuna</b> <b>ST. CLOUD FL 34772 E1 PASO TX 79912</b>			10. Name and Address of New Registered Agent <b>81 Name John L. King</b> <b>82 Street Address (P.O. Box Number is Not Acceptable) 1700 13<sup>th</sup> Street #2</b> <b>83</b> <b>84 City St. Cloud FL 85 Zip Code 34769</b>																																																										
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 <u>Linda King</u> <u>Linda King</u> <u>John L. King</u> <u>1-28-99</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>																																																													
12. OFFICERS AND DIRECTORS <input type="checkbox"/> DELETE <table border="1"> <tr> <td>TITLE</td> <td>D</td> </tr> <tr> <td>NAME</td> <td>KING, JOHN L</td> </tr> <tr> <td>STREET ADDRESS</td> <td>1335 BEECHWOOD DR. 1700 13<sup>th</sup> St, #2</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ST. CLOUD FL 34772 St. Cloud, FL 34769</td> </tr> </table>			TITLE	D	NAME	KING, JOHN L	STREET ADDRESS	1335 BEECHWOOD DR. 1700 13 <sup>th</sup> St, #2	CITY-ST-ZIP	ST. CLOUD FL 34772 St. Cloud, FL 34769	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input type="checkbox"/> Change <input type="checkbox"/> Addition <table border="1"> <tr> <td>1.1 TITLE</td> <td></td> </tr> <tr> <td>1.2 NAME</td> <td></td> </tr> <tr> <td>1.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>1.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>2.1 TITLE</td> <td></td> </tr> <tr> <td>2.2 NAME</td> <td></td> </tr> <tr> <td>2.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>2.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>3.1 TITLE</td> <td></td> </tr> <tr> <td>3.2 NAME</td> <td></td> </tr> <tr> <td>3.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>3.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>4.1 TITLE</td> <td></td> </tr> <tr> <td>4.2 NAME</td> <td></td> </tr> <tr> <td>4.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>4.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>5.1 TITLE</td> <td></td> </tr> <tr> <td>5.2 NAME</td> <td></td> </tr> <tr> <td>5.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>5.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>6.1 TITLE</td> <td></td> </tr> <tr> <td>6.2 NAME</td> <td></td> </tr> <tr> <td>6.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>6.4 CITY-ST-ZIP</td> <td></td> </tr> </table>			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	
TITLE	D																																																												
NAME	KING, JOHN L																																																												
STREET ADDRESS	1335 BEECHWOOD DR. 1700 13 <sup>th</sup> St, #2																																																												
CITY-ST-ZIP	ST. CLOUD FL 34772 St. Cloud, FL 34769																																																												
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																																																													

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John L. King 1/28/99 (407) 957-0648  
 Day Daytime Phone #

CR2E034 (1/198)