

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

FILED
Apr 27 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 # P95000019506 (1)

1. Corporation Name
INTERNATIONAL MEDIATION INSTITUTE, INC.

Principal Place of Business
2201 S.E. 18TH
SUITE 302
FT. LAUDERDALE FL 33316
US

Mailing Address
2201 S.E. 18TH STREET
SUITE 302
FORT LAUDERDALE FL 33316

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/09/1985

4. FEI Number
65-0563053

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

21. Principal Place of Business Ponte Vedra, FL Suite, Apt. #, etc. P.O. Box 1125 City & State Ponte Vedra, FL Zip 32004 Country USA	22. Mailing Address INT. MED. INST. Suite, Apt. #, etc. P.O. Box 1125 City & State Ponte Vedra, FL Zip 32004 Country USA
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9. Name and Address of Current Registered Agent

BONNEAU, MARTI
2201 S.E. 18TH STREET
SUITE 302
FT. LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

81. Name MARTI BONNEAU	85. Zip Code 32042
82. Street Address (P.O. Box Number is Not Acceptable) 57 WATERBRIDGE PLACE	
83. City PONTE VEDRA	
84. City FL	

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 MARTI BONNEAU

Signature, typed or printed name of registered agent and title if applicable

MARTI BONNEAU

(NOTE: Registered Agent Signature required when reinstating)

1-18-98

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BONEAU, MARTI 2201 S.E. 18TH STREET, SUITE 302 FORT LAUDERDALE FL 33316	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PRESIDENT BONNEAU, MARTI P.O. Box 1125 N/A PONTE VEDRA, FL 32004	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE Marti Bonneau / MARTI BONNEAU 1/18/98 (904) 285-6845

CR2E034 (10/97)