

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000035687 (9)

1. Corporation Name

BENSON & BINDER PROFESSIONAL MEDIATORS, INC.



Principal Place of Business

Mailing Address

~~2031 BAY ST. NE~~ 2158 BLOSSOM WAY S. ~~2031 BAY ST. NE~~ P.O. BOX 3541
ST. PETERSBURG FL ~~33701-3541~~ 33712-6016 ST. PETERSBURG FL ~~33701-3541~~ 33701-3541

2. Principal Place of Business

21 2158 BLOSSOM WAY S. 26 P.O. BOX 3541

Suite, Apt. #, etc.

22 ST. PETERSBURG

City & State

23 FL

Zip

24 33712-6016

Country

25 US

2a. Mailing Address

26 P.O. BOX 3541

Suite, Apt. #, etc.

27 ST. PETERSBURG

City & State

28 ST. PETERSBURG

Zip

29 33701-3541

Country

30 US

3. Date Incorporated or Qualified

05/01/1995

3a. Date of Last Report

INITIAL REPORT

4. FET Number

59 3317069

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

CULLEM, JOHN P ESQ.
856 2ND AVE. NORTH
ST. PETERSBURG FL 33701

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 title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME BINDER, KATHLEEN M
STREET ADDRESS ~~2031 BAY ST. NE~~ 2158 BLOSSOM WAY S.
CITY-ST-ZIP ST. PETERSBURG FL ~~33701-3541~~ 33712-6016

1. TITLE P.S.T. ☐ Change ☒ Addition
2. NAME BINDER, KATHLEEN M.
3. STREET ADDRESS 2031 BAY ST NE
4. CITY-ST-ZIP ST PETERSBURG, FL 33704-4144

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5. TITLE ☐ Change ☐ Addition
6. NAME
7. STREET ADDRESS
8. CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

9. TITLE ☐ Change ☐ Addition
10. NAME
11. STREET ADDRESS
12. CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. TITLE ☐ Change ☐ Addition
14. NAME
15. STREET ADDRESS
16. CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

17. TITLE ☐ Change ☐ Addition
18. NAME
19. STREET ADDRESS
20. CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

21. TITLE ☐ Change ☐ Addition
22. NAME
23. STREET ADDRESS
24. 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)(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 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:

Kathleen M Binder

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96 813/822-0357

CR2E034 (12/95)