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

PROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP

STREET ADDRESS

14. I hereby certify that the information a indicated on this annual report or surofficer or director of the corporation.

Block 12 or Block 13 if cha

CITY-ST-ZIP

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000035687 (9)

BENSON & BINDER PROFESSIONAL MEDIATORS, INC.

Principal Place of Business Mailing Address 2158 BLOSSOM WAY S. P.O. BOX 3541 ST. PETERSBURG FL 33712-6016 ST. PETERSBURG FL 33701-3541 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/01/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 59-3317069 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country This corporation owes or has paid the current year Intangible 24 25 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 CULLEM, JOHN P ESQ. 856 2ND AVE. NORTH 82 Street Address (P.O. Box Number is Not Acceptable) ST. PETERSBURG FL 33701 83 84 City 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 4 approach?e (NOTL: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE D DELETE 1.1 TITLE BINDER, KATHLEEN M NAME 1.2 NAME 2158 BLOSSOM WAY S. 8 BUDSSO STREET ADDRESS 1.3 STREET ADDRESS ST. PETERSBURG FL FL 33731 CITY-ST-ZIP 1.4 CITY - ST- ZIP XI DELETE TITLE PST 2.1 TITLE Addition BINDER, KATHLEEN M. 2.2 NAME 2031 BAY ST. N.E. STREET ADDRESS 2.3 STREET ADDRESS ST. PETERSBURG FL 731-3541 CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change NAME 5.2 NAME STREET ADDRESS **53 STREET ADDRESS**

54 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

DELETE

us filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information wal report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an our tustice empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in any with an address.

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-05/11/98--01019--011

***150.00

Addition

FILED

May 07 1998 8:00am

Secretary of State