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FILED

Apr 22 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000055523 (1)

1. Corporation Name
MEDIATION & ARBITRATION CENTER, INC.



Principal Place of Business
1655 PALM BEACH LAKES BLVD.
SUITE 1010
W. PALM BEACH FL 33401

Mailing Address
1655 PALM BEACH LAKES BLVD.
SUITE 1010
W. PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/18/1995

4. FEI Number
65-0594684

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VISCOMI, MICHAEL A
1655 PALM BEACH LAKES BLVD.
SUITE 1010
W. PALM BEACH FL 33401

81 Name
BATTLE, NANCY J
82 Street Address (P.O. Box Number is Not Acceptable)
1655 PALM BEACH LAKES BLVD
83 SUITE 1010
84 City
W. PALM BEACH FL 85 Zip Code
33401

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 *Nancy J. Battle* Nancy J. Battle 4/16/98
Signature typed or printed name of registered agent and title if applicable (NCSTL Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PVST ☐ DELETE
NAME VISCOMI, MICHAEL A
STREET ADDRESS 1655 PALM BEACH LAKES BLVD., SUITE 1012
CITY-ST-ZIP W. PALM BEACH FL 33401

1.1 TITLE PVST ☒ Change ☐ Addition
1.2 NAME VISCOMI, MICHAEL A
1.3 STREET ADDRESS 1655 PALM BEACH LAKES BLVD., SUITE 1010
1.4 CITY-ST-ZIP W. PALM BEACH FL 33401

TITLE D ☐ DELETE
NAME VISCOMI, MICHAEL A
STREET ADDRESS 1655 PALM BEACH LAKES BLVD., SUITE 1012
CITY-ST-ZIP W. PALM BEACH FL 33401

2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME VISCOMI, MICHAEL A
2.3 STREET ADDRESS 1655 PALM BEACH LAKES BLVD., SUITE 1010
2.4 CITY-ST-ZIP W. PALM BEACH FL 33401

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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.

SIGNATURE *Michael A. Viscomi* Michael A. Viscomi 4/16/98 (561) 615-0755

CR2E034 (10/97)