

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 17, 1999 8:00 am
Secretary of State

08-17-1999 90002 048 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P95000071215

1. Corporation Name

FLORIDA CONFLICT RESOLUTION GROUP, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 9200 SOUTH DADELAND BLVD. STE 617 MIAMI FL 33156	Mailing Address 9200 SOUTH DADELAND BLVD. STE 617 MIAMI FL 33156
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3. Date Incorporated or Qualified
09/12/1995

2. Principal Place of Business 21 7685 SW 104 St	2a. Mailing Address 26 7685 SW 104 St
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4. FEI Number 65-0613082	Applied For <input type="checkbox"/> Not Applicable
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Suite, Apt. #, etc. 22 Suite 200	Suite, Apt. #, etc. 27 Suite 200
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5. Certificate of Status Desired \$8.75 Additional Fee Required

City & State 23 Miami FL	City & State 28 Miami FL
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6. Election Campaign Financing
Trust Fund Contribution \$5.00 May Be Added to Fees

Zip 24 33157	Country 25 USA	Zip 29 33157	Country 30 USA
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8. This corporation owes the current year intangible Personal Property. Yes No

9. Name and Address of Current Registered Agent
 FEILER, LOREE S
 9200 SOUTH DADELAND BLVD. STE 617
 MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name Loree Schwartz Feiler
82 Street Address (P.O. Box Number is Not Acceptable) 7685 SW 104 St
83 Suite 200
84 City Miami FL 85 Zip Code 33157

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: Loree Schwartz Feiler DATE: 8/10/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE D	<input type="checkbox"/> DELETE
NAME FEILER, LOREE S	
STREET ADDRESS 9200 SOUTH DADELAND BLVD. STE 617	
CITY-ST-ZIP MIAMI FL 33156	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Director, Pres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Loree Schwartz Feiler	
1.3 STREET ADDRESS 7685 SW 104 St Suite 200	
1.4 CITY-ST-ZIP MIA FL 33157	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Loree Schwartz Feiler DATE: 8/10/99 305-670-2112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/99)