

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000023353 (1)

1. Corporation Name
FLORIDA MEDIATION ACADEMY, INCORPORATED

Principal Place of Business
P.O. BOX 1206
STARKE FL 32091

Mailing Address
P.O. BOX 1206
STARKE FL 32091

FILED

97 AUG -6 PM 1:00

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/14/1996 3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	59-2666960	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
GREEN, R A
200 N.E. 15TH STREET AVENUE
STARKE FL 32091

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, R A	1.2 NAME	100002260081--0
STREET ADDRESS	P.O. BOX 1206 N/A	1.3 STREET ADDRESS	-08/06/97--01118--008
CITY-ST-ZIP	STARKE FL 32091	1.4 CITY-ST-ZIP	****165.00 ****165.00
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, SAUNDRA J	2.2 NAME	
STREET ADDRESS	P.O. BOX 1206 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	STARKE FL 32091	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTAGNA, CHARLES N	3.2 NAME	
STREET ADDRESS	133 N. FT. HARRISON AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34615-4084	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTAGNA, KAREN	4.2 NAME	
STREET ADDRESS	133 N. FT. HARRISON AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34615-4084	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 in an attachment with an address.

SIGNATURE

CR2E034 (4/97)

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FLORIDA MEDIATION ACADEMY, INCORPORATED

R. A. "Buzzy" Green, President

Post Office Box 1206
Starke, FL 32091-1206

Telephone 800-881-6491
Fax 904-964-9516

July 23, 1997

Department of Annual Reports
Division of Corporations
Florida Department of State
P.O. Box 6327
Tallahassee, FL 32310

1997 Annual Report
Florida Mediation Academy, Incorporated
(Document P96000023353)

Dear Sir or Madam:

I have received your "2nd Notice". My records reflect that I mailed the report, with check #1015 on account #0714479301 on CNB (Starke) payable to Department of State in the amount of \$165.00, on February 26, 1997. I recall specifically filling out the report to DELETE Charles N. Castagna as Vice-President/Director and Karen Castagna as Director.

My checkbook stub reflects the check but the bank statements do not reflect payment of that check.

Our records further reflect that on the same day we drew a check (#1015) payable to the Department of Revenue for \$4.00 for our intangible tax. This was the same day we got our tax returns from our accountant and filed them.

I am also President of R. A. Green, P.A. Our records there reflect that we drew check #2500 on account #2132708513066 on First Union Bank (Starke) payable to Department of State in the amount of \$165.00 on February 28, 1997 and attached it to the annual report for that corporation which was then mailed.

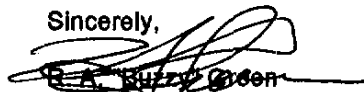
Those checks have been paid by the bank.

We have been waiting for the check (#1016) to clear. The others have but this has not. Is it possible the report was misfiled or mislaid after we mailed it?

Per the telephone instructions of today from your office, I enclose herewith a duplicate of the report and an another check. If the first one turns up, please return one of them to me.

Thank you.

Sincerely,


R. A. "Buzzy" Green
President