COUNTENT # P96000044905 (3)     MEDIATION WORKS, INC.     Maing Address     Mad	FILE NOW: FILING FEE AFTER I PROFIT CORPORATION ANNUAL REPORT 1997			R MAY 1 IS S FLORIDA DEPART Sandra B. Secretary DIVISION OF C	IMENT OF STATE Mortham y of State	FILED Mar 07 1997 8:00an Secretary of State		
Multip Andress Multip Andres M	DOCUM	ENT # P		905 (3)				
Proceed Face of Each of E	700 Sheridan S	STREET STE B	4700	SHERIDAN STREET S			IA BOUTI ALBIT ALAYA IDHA BOUDI	<b>1</b> 111   <b>111</b>
Project Planz, et Russes       24. Mailing Address       4. FEI Number       Applied Five         Suite, Apt 4, etc.       70       Suite, Apt 4, etc.       6. Conflictuo of Status Desired       \$8.75 Additional         City & State       71       Country       8. Election Campaign Financing       \$8.000 May Be         Zity       Country       20       Country       8. The Election Campaign Financing       \$6.000 May Be         Zity       Country       20       300       Finance and Address of Current Registered Agent       10. Name and Address of Current Register							Sa. Date of Last Re	port
Sulic, Art #, etc.         Sulic,		e of Business		Mailing Address		4. FEI Number		******
271     271     Pas Required       272     Carve y     281       279     Carve y     291       280     Provide Carve y     291       291     291     290       291     291     291       291     291	Suite, Apt #,	etc		Suite, Apt. #, etc.			□ \$8.75 A	dditional
Participation     Partial Fund Country     Trust Fund Country     Added to Fees       25     26     28     30     Finded Statutes     Yes     No       8, Name and Address of Current Registered Agent     10. Name and Address of New Registered Agent     10. Name and Address of New Registered Agent     10. Name and Address of New Registered Agent       8, Name and Address of Current Registered Agent     10. Name and Address of New Registered Agent     10. Name and Address of New Registered Agent       8, Obst Statutes     10. Name and Address of New Registered Agent     10. Name and Address of New Registered Agent       8, Name and Address of Statutes     11. Name and Address of New Registered Agent     10. Name and Address of New Registered Agent       8, Name and Address of Statutes     11. Name and Address of Statutes     11. Name and Address of New Registered Agent       9, Name and Address of Statutes     11. Name and Address of Statutes     11. Name and Address of Statutes       10. Current of the provide of the Name address     11. Name and Address of Statutes     11. Name address of New Registered Agent       10. Current of the provide of the Name address     11. Name address     11. Name address     12. Name address       10. Current of the Name address     11. Name address     11. Name address     12. Name address       10. Current of the Name address     11. Name address     11. Name address     12. Name address       10. Current of the	City & State			City & State	<u></u>		Fee Re	
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SORKIN, JOHN R 4700 SHERIDAN STREET STE B HOLLYWOOD FL 33021-3416     61     Name       82     Street Address (P.O. Box Number Is Not Acceptable)       83     94     City     FL       84     City     FL     85       94     City     FL     85       95     City     FL     85       94     City     FL     85       95     City     FL     85       96     City     FL     85       97     City City and accept the city and accept the city and accept the city and accept the city accentration     900E Regress teget accentration       97     City City accentration of the based accentration of the based accentration     900E Regress teget accentration     900E Regress teget accentration       97     City City accentration     00EEE     11116     1116       97     City City accentration     00EEE     123     124       97     City City accentration     00EEE     123     123       98     120     City City accentration     0		25	29			Florida Statutes	Z Yes 🔲 No	199.032,
4700 SHERIDAN STREET STE B     HOLLYWOOD FL 33021-3416     2     Street Address (P.O. Box Number Is Not Acceptable)     3     4     City     FL     as     2     Street Address (P.O. Box Number Is Not Acceptable)     3     4     City     FL     as     2     Street Address (P.O. Box Number Is Not Acceptable)     3     3     4     City     FL     as     2     Street Address (P.O. Box Number Is Not Acceptable)     3     3     4     City     FL     as     2     Street Address (P.O. Box Number Is Not Acceptable)     3			ress of Current Registe	ered Agent	81 Name	10. Name and Address of New Re	ugistered Agent	
Pursion to the provisions of Sections 607 0002 and 607 1508. Fords Statutes, the two hands do corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, or both, and accept the chigations of Section 607 0505. Fords State tes.      Port of the corporation submit is statement for the purpose of changing its registered agent. Lent handles with, and accept the chigations of Section 607 0505. Fords State tes.      Port of the corporation submit is the interview of the registration of the corporation submit is the statement for the purpose of changing its registered agent. In the statement of the appointment as registered agent. Interview of the appointment a	4700 \$	SHERIDAN STREE			82 Street Add	ress (P.O. Box Number is Not Accepta	ble)	
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E Change Addition of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name								
ET ADRESS r-ST-ZIP T 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, t an officer or director of the corporation or tho receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name				DELETE		<b></b>	Change	Addition
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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 Statutas. 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; t have an off-cer 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	1							
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	I do hereby	certify that the infor	mation supplied with thi	s filing does not qualif	y for the exemption state	d in Section 119.07(3)(i), Florida Statut	es. I further certify that	the
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IGNATURE: John R Snm 3/3/97 954 966 4700			s in changed, or on an a	R da h		ololon	and all all	