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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # **P96000060465**1. Corporation Name

S. & Z. ARBITRATION AND MEDIATION SERVICES, INC.

	• •								
Principal Place of Business Mailing Address				<del></del>			I IMPRIMED THE INTERNATIONAL METER MOTIFICATION OF THE MISTER CONTRACTOR OF THE CONT	IDIN BIBI	Bital Altı (##)
7530 GRANDVIEW BLVD 7530 GRANDVIEW BLVI MIRAMAR FL 33023 MIRAMAR FL 33023							TO MOTINDITE IN THE OR	.05	
						-	DO NOT WRITE IN THIS SPA 3. Date Incorporated or Qualifed	ACE	<del></del>
! ]						ļ			
a Dissipat Di	- of Business	10-	Mailing Address				07/19/1996 4. FEI Number	ΙΔn	plied For
<u>⊢</u>	ace of Business	- ├──	, Mailing Address				NOT APPLICABLE	$\rightarrow$	t Applicable
21   26     Suite, Apt. #, etc.   Suite, Apt. #   Suite, Apt			Suite, Apt. #, etc.	ite. Apt. #. etc.				<del></del> _	Additional
22			7				5. Certificate of Status Desired	Fee Re	
			City & State	City & State			6. Election Campaign Financing \$5.00 May Be		
23 28							Trust Fund Contribution Added to Fees		
Zip	Country				ntry 8. This corporation owes the current year Intangible				
24	25	29	30			Personal Property Tax. Yes No			
	9. Name and Address of Current	t Regis	stered Agent	T_			10. Name and Address of New Registered Age	nt	
81 Name									}
ANSARI, IMRAN A.					2 Street A	Addres	s (P.O. Box Number is Not Acceptable)		
% S. & Z. ARBRITRATION AND MEDIATION SERV.				L					
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MILLY	IMAN FL 33023			84	4 City		F. [8	5 Zip	Code
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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 agen		<del></del>		ent signature re	equired w	hen reinstating) DATE	IDECTO	DE IN 12
12.	OFFICERS AN	D DIRE	DELETE	13. 1.1 TITLE			ADDITIONS/CHANGES TO OFFICERS AND D	Change	Addition
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CITY-ST-ZIP				3.4. CITY-	-ST-ZIP		•		
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STREET ADDRESS	· .			5.3 STRE	ET ADDRESS	l			}
CITY-ST-ZIP				5.4 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, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

35-233-0590

Change

☐ Addition

Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90131 003 \*\*\*150.00

CR2E034 (11/98)