


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

FILED  
May 18 1998 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

**DOCUMENT # P97000061065 (3)**  
 1. Corporation Name  
**PALM BEACH MEDIATION, INC.**



|   |   |
|---|---|
| Principal Place of Business<br><b>332 W. BOYNTON BEACH<br/>SUITE 5<br/>BOYNTON BEACH FL 33435</b> | Mailing Address<br><b>332 W. BOYNTON BEACH<br/>SUITE 5<br/>BOYNTON BEACH FL 33435</b> |
|---|---|

DO NOT WRITE IN THIS SPACE

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 2. Principal Place of Business<br>21 <b>444 W. Boynton Beach Blvd</b> |  | 2a. Mailing Address<br>26 <b>444 W. Boynton Beach Blvd</b> |  | 3. Date Incorporated or Qualified<br><b>07/14/1997</b>   |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.  |  | 4. FEL Number<br><b>65-0768681</b>   |  |
| 22  |  | 27   |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |
| 23 <b>BOYNTON BEACH, FL</b>   |  | 28 <b>BOYNTON BEACH, FL</b>                                |  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>   |  |
| 24 <b>33435</b>   |  | 29 <b>33435</b>  |  | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

9. Name and Address of Current Registered Agent  
**BROWN, LINDA E**  
~~**332 W. BOYNTON BEACH**~~  
~~**SUITE 5**~~  
**BOYNTON BEACH FL 33435**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**444 W. Boynton Beach Blvd**  
 83  
 84 **BOYNTON BEACH** **FL** 85 Zip Code **33435**

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 *Linda E Brown* (NOTE: Registered Agent signature required when reinstating) **4/27/98**

12. OFFICERS AND DIRECTORS

|                |   |                                 |
|----------------|---|---------------------------------|
| TITLE          | <b>D</b>  | <input type="checkbox"/> DELETE |
| NAME           | <b>BROWN, LINDA E</b>                           |                                 |
| STREET ADDRESS | <del><b>332 W. BOYNTON BEACH, SUITE 5</b></del> |                                 |
| CITY-ST-ZIP    | <b>BOYNTON BEACH FL 33435</b>                   |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 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 or 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 *Linda E Brown* **4/27/98** (11731-0097)

CR2E034 (10/97)