

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**  
**Sep 01, 1999 8:00 am**  
**Secretary of State**

09-01-1999 90003 037 \*\*\*150.00

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # P98000071691**

1. Corporation Name

**A BALANCED MEDIATION, INC.**

Principal Place of Business

1510-F SPRING HARBOR DRIVE  
DELRAY BEACH FL 33445

Mailing Address

1510-F SPRING HARBOR DRIVE  
DELRAY BEACH FL 33445

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/17/1998

4. FEI Number

65-0906313

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year  
Intangible Personal Property.

☒ Yes

☐ No

2. Principal Place of Business

21 621 N.W. 53rd St.

2a. Mailing Address

26 3300-University Drive

Suite, Apt. #, etc.

22 Ste 240

Suite, Apt. #, etc.

27 Ste 305

City & State

23 Boca Raton FL

City & State

28 Coral Springs FL

Zip

24 33487

Country

25 Palm Beach

Zip

29 33065

Country

30

9. Name and Address of Current Registered Agent

OUELLETTE, CATHERINE A  
4467 TREEHOUSE LANE # 13-C  
TAMARAC FL 33319-2023

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Catherine A. Ouellette

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8/24/99

**12. OFFICERS AND DIRECTORS**

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS MIHALYFI, DOROTHY  
CITY-ST-ZIP 1510-F SPRING HARBOR DRIVE  
DELRAY BEACH FL 33445

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME D  
1.3 STREET ADDRESS ALAN ROSENTHAL CPA  
1.4 CITY-ST-ZIP 3300 UNIVERSITY DRIVE - STE 305  
CORAL SPRINGS FL 33065

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

ALAN ROSENTHAL CPA

8/24/99

954-752-4013

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

0080162

P480000 1164/  
611335

**ALAN H. ROSENTHAL**

**CERTIFIED PUBLIC ACCOUNTANT, P.A.**

3300 UNIVERSITY DRIVE  
SUITE 305  
CORAL SPRINGS, FLORIDA 33065  
(954) 752-4013  
FAX (954) 752-5610

MEMBER  
FLORIDA INSTITUTE OF  
CERTIFIED PUBLIC ACCOUNTANTS  
AMERICAN INSTITUTE OF  
CERTIFIED PUBLIC ACCOUNTANTS

August 24, 1999

Division of Corporations  
Annual Reports Filing  
P.O. Box 1500  
Tallahassee Fl. 32302-1500

Gentlemen

Enclosed is the annual report for 1999 as well as a check for \$ 150.00.

The corporation was sold to other stockholders and the annual report was not received on time.

Please waive all penalties. Your assistance in this matter is appreciated.

Sincerely



Alan Rosenthal C.P.A.