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Feb 27, 1999 8:00 am  
Secretary of State

02-27-1999 90005 015 \*\*\*150.00

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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P98000074791

1. Corporation Name  
SOUTH FLORIDA MEDIATORS, INC.

Principal Place of Business  
1919 NE 45TH ST. SUITE 115  
FT LAUDERDALE FL 33308

Mailing Address  
1919 NE 45TH ST. SUITE 115  
FT LAUDERDALE FL 33308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/27/1998

4. FEI Number

☒ 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 Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 120 EAST OAKLAND PK BLDG  
Suite, Apt. #, etc.  
22 # 101

23 City & State  
FT LAUD FL

24 Zip 33334 25 Country Broward

2a. Mailing Address

26 SAME  
Suite, Apt. #, etc.  
27

28 City & State

29 Zip 30 Country

9. Name and Address of Current Registered Agent

ROPP, KENDALL  
1919 NE 45TH ST, SUITE 115  
FT LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

81 Name ANNALISA SCHINYO  
82 Street Address (P.O. Box Number is Not Acceptable)  
120 EAST OAKLAND PK BLDG #101  
83  
84 City FT LAUD FL 85 Zip Code 33334

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 *Annalisa Schinjo*  
Signature required or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-27-99

12. OFFICERS AND DIRECTORS

TITLE ANNALISA SCHINYO P ☐ DELETE  
NAME 10026 TWIN LAKES DR  
STREET ADDRESS COCAL SPYS FL 33071 PRES.  
CITY-ST-ZIP

TITLE DAWN ESPOSITO T ☐ DELETE  
NAME 2191 NE 65TH APT 408  
STREET ADDRESS FT LAUD FL 33308 Sec/tres  
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  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: *Annalisa Schinjo* PRES.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-99

Date

954 755-5574

Daytime Phone #

CR2E034 (11/98)