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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

'95 APR 27 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V42021** **(8)**

1. Corporation Name
SOUTH FLORIDA MEDIATION SERVICES, INC.

Principal Place of Business	Mailing Address
1776 N PINE ISLAND RD STE 118 PLANTATION FL 33322 US	1776 N PINE ISLAND RD. STSE 118 PLANTATION FL 33322 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/08/1992
3a. Date of Last Report: 04/11/1994

2. Principal Place of Business	2a. Mailing Address
21 8411 NW. Oakland Pk. Blvd	26 8411 NW. Oakland Pk. Blvd
22 Suite 207	27 Suite 207
23 Sunrise Fl.	28 Sunrise Fl.
24 33351	29 33351
25 Country USA	30 Country USA

4. FEI Number: 65-0341273 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CANARICK, BERNARD D. 1776 N PINE ISLAND RD. STE 118 PLANTATION FL 33322	81 Name: BERNARD D. CANARICK 82 Street Address (P.O. Box Number is Not Acceptable): 8411 WEST OAKLAND PK BLVD 83 SUITE 207 84 City: SUNRISE FL 85 Zip Code: 33351

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 _____ DATE
(If changing registered agent, type or print name of registered agent and title if applicable) (NOTE: Registered Agent signature required when mailed in) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☒ Change ☐ Addition
NAME	CANARICK, BERNARD D.	12 NAME	
STREET ADDRESS	1776 N PINE ISLAND RD.	13 STREET ADDRESS	8411 WEST OAKLAND PK BLVD
CITY-ST-ZIP	PLANTATION FL	14 CITY-ST-ZIP	SUITE 207 SUNRISE FL. 33351
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Bernard D. Canarick PD. 4-24-95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0230403 CP