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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V42021

1. Corporation Name

SOUTH F	Lorida mediation servic	JES, INC.							
Principal Place	of Business	Mailing Address							
8411 NW OAKLA	AND PK BLVD	8411 NW OAKLAND PK BLVD					•		
SUITE 202		SUITE 202			}	DO NOT W	RITE IN THE	S SPACE	•
SUNRISE FL 333	351	SUNRISE FL 33351 US			3. Dat	te Incorporated or Qualife	ed		
US		00				/08/1992			
2 Principal Pla	ace of Business	2a. Mailing Address			1	1 Number			plied For
21		26			65	-034 <u>1273</u>	<u>-</u>		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5, Cer	rtifcate of Status Desired		\$8.75 A Fee Red	
22		27							
City & State	9	City & State			} -·	ection Campaign Financir	ng □	\$5.00 to Added to	
23		28	Country			ust Fund Contribution is corporation owes the c	urrent vear l		
Zip	Country	Zip	, ,		1 1	rsonal Property Tax.	unem year n	Yes	□No
24	9. Name and Address of Current	29 30	J		10. Na	ame and Address of Ne	w Registere	d Agent	
<u> </u>	9. Name and Address of Current	Registered Agent	81	Name					
BERN	NARD D CANARICK			<u> </u>	(D.O.	Box Number is Not Acce	ntable)		
	WEST OAKLAND PK BLVD		82	Street Ad	ddress (P.O.	Box Number is Not Acce	:ptable)		
	E 202		83						
	RISE FL 33351							. 85 Zip C	Code
			84	City			F	┖╎╎┈	
		and 607 1500 Florida Statutes	the above	e-named co	ornoration su	ibmits this statement for	the purpose	of changing its	registered
office of ragent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State or m familiar with, and accept the obligations of recisions agent.	ions of, Section 607.0505, Florida	Statutes	i.	uired when reinst	tating)	DATE		
office of r agent. I a SIGNATURE	egistered agent, or both, in the state of m familiar with, and accept the obligation of the state of the stat	ions of, Section 607.0505, Florida and title if applicable. (NOTE: Re	Statutes	i.	uired when reinst		DATE	AND DIRECTO	DRS IN 12
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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 regord 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: