

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V51034** (9)

1. Corporation Name

MEDIATION DISPUTE CENTER, INC.



Principal Place of Business

Mailing Address

**1995 E OAKLAND PARK BLVD
SUITE 210
FT LAUDERDALE FL 33306**

**22589 ESPLANADA DRIVE
BOCA RATON FL 33433
US**

2. Principal Place of Business

2a. Mailing Address

21 **22589 Esplanada Drive
Boca Raton, FL 33433**
Suite, Apt. #, etc.

26 **22589 Esplanada Drive**
Suite, Apt. #, etc.

22 City & State
23 **Boca Raton Florida**

27 City & State
28 **Boca Raton, Florida**

24 **33433** 25 **USA**

29 **33433** 30 **USA**

9. Name and Address of Current Registered Agent

**BETTS, EUGENE N
1995 E OAKLAND PARK BLVD
SUITE 300
FT LAUDERDALE FL 33306**

3. Date Incorporated or Qualified
07/15/1992

3a. Date of Last Report
04/07/1995

4. FEI Number
65-0346335

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

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

Signature type depends on type of registered agent and the filer's ability

(NOTE: Registered Agent Signature required when translating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	POMEROY, GEORGE B	
STREET ADDRESS	22589 ESPLANADA DR	
CITY-STATE-ZIP	BOCA RATON FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	POMEROY, DIANNE M	
STREET ADDRESS	22589 ESPLANADA DR	
CITY-STATE-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-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)(k), 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 checked, or on an attachment with an address.

SIGNATURE: **Geo. B. Pomeroy**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 29, 1996 (407) 392-3650
Date Daytime Phone #

CR2E034 (12/95)