

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR -9 AM 9:20

DOCUMENT # **N50473** (0)

1. Corporation Name
ASSOCIATION OF BROWARD COUNTY MEDIATORS, INC.

Principal Place of Business Mailing Address
116 SE 6TH CT FT. LAUDERDALE FL 33301 **116 SE 6TH CT FT. LAUDERDALE FL 33301**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

3. Date Incorporated or Qualified **08/17/1992** 3a. Date of Last Report **05/01/1994**
4. FEI Number **65-0355827** 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**FISCHLER, MICHAEL A.
116 SOUTHEAST 6TH CT
FT. LAUDERDALE FL 33301**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS	
TITLE	TD
NAME	IRVING, BARBARA
STREET ADDRESS	12483 NW 10TH PL
CITY-ST-ZIP	SUNRISE FL
TITLE	PD
NAME	FISCHLER, MICHAEL A
STREET ADDRESS	116 SE 6 CT
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	SD
NAME	ARNOLD, FRANCES A
STREET ADDRESS	2700 E OAKLAND PARK BLVD
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	PEP
NAME	GLANTZ, WENDY NEWMAN
STREET ADDRESS	7951 SW 6TH AVE
CITY-ST-ZIP	PLANTATION FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Director
2.3 STREET ADDRESS	Michael A. Fischler
2.4 CITY-ST-ZIP	116 SE 6 Court Fort Lauderdale, FL 33301
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D/Vice President
3.3 STREET ADDRESS	Frances A. Arnold
3.4 CITY-ST-ZIP	2700 E. Oakland Park Blvd Fort Lauderdale, FL 33306
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D/President
4.3 STREET ADDRESS	Wendy Newman Glantz
4.4 CITY-ST-ZIP	7951 SW 6th Ave Plantation, FL 33324
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Secretary
5.3 STREET ADDRESS	Nick Kanelidia
5.4 CITY-ST-ZIP	2400 E. Commercial Blvd, Suite 706 Fort Lauderdale, FL 33308
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 110.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Michael A. Fischler **3/3/95** **305/763-5778**
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR (Date) (Telephone Number)
Michael A. Fischler, Director