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Mar 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N50473 (0)
1. Corporation Name
ASSOCIATION OF BROWARD COUNTY MEDIATORS, INC.



Principal Place of Business 116 SE 6TH CT FT. LAUDERDALE FL 33301	Mailing Address 116 SE 6TH CT FT. LAUDERDALE FL 33301-3129
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3. Date Incorporated or Qualified 08/17/1992	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0355827	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE TD	<input type="checkbox"/> DELETE
NAME IRVING, BARBARA	
STREET ADDRESS 12463 NW 10TH PL	
CITY-ST-ZIP SUNRISE FL	
TITLE D	<input type="checkbox"/> DELETE
NAME FISCHLER, MICHAEL A	
STREET ADDRESS 116 SE 6 CT	
CITY-ST-ZIP FT. LAUDERDALE FL	
TITLE DVP	<input checked="" type="checkbox"/> DELETE
NAME ARNOLD, FRANCES A	
STREET ADDRESS 2700 E OAKLAND PARK BLVD	
CITY-ST-ZIP FT. LAUDERDALE FL	
TITLE D	<input type="checkbox"/> DELETE
NAME GLANTZ, WENDY NEWMAN	
STREET ADDRESS 7851 SW 6TH AVE	
CITY-ST-ZIP PLANTATION FL	
TITLE S	<input type="checkbox"/> DELETE
NAME KANELIDIS, NICK	
STREET ADDRESS 2400 E COMMERCIAL BLVD., SUITE 706	
CITY-ST-ZIP FORT LAUDERDALE FL	
TITLE P	<input type="checkbox"/> DELETE
NAME WAXMAN, GERALDINE L	
STREET ADDRESS 4992 N. PINE ISLAND RD.	
CITY-ST-ZIP LAUDERHILL FL 33351	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME Itkin, Perry S.	
1.3 STREET ADDRESS 224 S. E. 9th Street	
1.4 CITY-ST-ZIP Fort Lauderdale, FL 33316	
2.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME Tell, Meah	
2.3 STREET ADDRESS 11081 N. W. 2nd Drive	
2.4 CITY-ST-ZIP Coral Springs, FL 33071	
3.1 TITLE V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME Capp, A1	
3.3 STREET ADDRESS One Financial Plaza, #1610	
3.4 CITY-ST-ZIP Fort Lauderdale, FL 33394	
4.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME Purdy, H. Mark	
4.3 STREET ADDRESS 1107 S. E. 4th Avenue	
4.4 CITY-ST-ZIP Fort Lauderdale, FL 33316	
5.1 TITLE S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME Kanelidis, Nick	
5.3 STREET ADDRESS 2400 E. Commercial Boulevard, #706	
5.4 CITY-ST-ZIP Fort Lauderdale, FL 33308	
6.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME Waxman, Geraldine L.	
6.3 STREET ADDRESS 4950 N. Pine Island Road	
6.4 CITY-ST-ZIP Lauderhill, FL 33351	

14. I do 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 trustee 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 attached form with an address.

SIGNATURE _____

CR2E037 (9/96)

954-524