

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 23 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>116 SE 6TH CT FT. LAUDERDALE FL 33301</b>	Mailing Address <b>116 SE 6TH CT FT. LAUDERDALE FL 33301</b>
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3. Date Incorporated or Qualified <b>08/17/1992</b>	
4. FEI Number <b>65-0355827</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>TD</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>IRIS M. BASS TD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>IRVING, BARBARA</b>	1.2 NAME	
STREET ADDRESS	<b>12463 NW 10TH PL</b>	1.3 STREET ADDRESS	<b>6800 W. COMMERCIAL BLVD, STE 5</b>
CITY-ST-ZIP	<b>SUNRISE FL</b>	1.4 CITY-ST-ZIP	<b>LAUDERHILL, FL 32719</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>VD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FISCHLER, MICHAEL A</b>	2.2 NAME	<b>DANIEL G. BASS</b>
STREET ADDRESS	<b>116 SE 6 CT</b>	2.3 STREET ADDRESS	<b>2523 N.W. 23rd St</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	2.4 CITY-ST-ZIP	<b>FT. LAUDERDALE, FL 33305</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CAPP AL</b>	3.2 NAME	
STREET ADDRESS	<b>ONE FINANCIAL PLAZA 1610</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>VD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GLANTZ, WENDY NEWMAN</b>	4.2 NAME	<b>Vella Rosenthal Potash</b>
STREET ADDRESS	<b>7951 SW 6TH AVE</b>	4.3 STREET ADDRESS	<b>2900 N. Palm Aire Dr. # 301</b>
CITY-ST-ZIP	<b>PLANTATION FL</b>	4.4 CITY-ST-ZIP	<b>Pompano Beach FL 33059</b>
TITLE	<b>SD</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>SD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KANELIDIS, NICK</b>	5.2 NAME	<b>MIRIAM ROTHMAN TELL</b>
STREET ADDRESS	<b>2400 E COMMERCIAL BLVD., SUITE 706</b>	5.3 STREET ADDRESS	<b>11081 N.W. 12th DR.</b>
CITY-ST-ZIP	<b>FORT LAUDERDALE FL</b>	5.4 CITY-ST-ZIP	<b>CORAL SPRINGS, FL 33071</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WAXMAN, GERALDINE L</b>	6.2 NAME	
STREET ADDRESS	<b>4950 N PINE ISLAND RD</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAUDERHILL FL</b>	6.4 CITY-ST-ZIP	

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 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: *[Signature]* **President** **4/15/98** **954-462-8007**

CR2E037 (10/97)