


FILE NOW: FILING FEE IS \$61.25

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90019 010 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N50473

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
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 08/17/1992
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 65-0355827
22. City & State	27. City & State	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
23. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Country	29. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
FISCHLER, MICHAEL A. 116 SOUTHEAST 6TH CT FT. LAUDERDALE FL 33301		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83. City	
		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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	FD <input type="checkbox"/> DELETE	1.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BASS, IRIS M	1.2 NAME	
STREET ADDRESS	6800 W COMMERCIAL BLVD, STE 5	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL 33319	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BASS, DANIEL B	2.2 NAME	
STREET ADDRESS	2523 N E 23RD STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33305	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPP AL	3.2 NAME	
STREET ADDRESS	ONE FINANCIAL PLAZA 1610	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POTASH, VELLA ROSENTHA	4.2 NAME	
STREET ADDRESS	2900 N PALM AIRE DRIVE #301	4.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33059	4.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TELL, MEAH ROTHMAN	5.2 NAME	
STREET ADDRESS	11081 N W 12TH DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WAXMAN, GERALDINE L	6.2 NAME	
STREET ADDRESS	4950 N PINE ISLAND RD	6.3 STREET ADDRESS	Susan Dubow, P-Elect/D
CITY-ST-ZIP	LAUDERHILL FL	6.4 CITY-ST-ZIP	West Regional Courthouse-Mediation Office
			100 N. Pine Island Road
			Plantation, Florida 33324

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED **DANIEL B. BASS** 5/7/99 954-763-5778
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)