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Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90148 007 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 822930

1. Corporation Name
COAXIAL SCIENTIFIC CORPORATION

Principal Place of Business
**3770 EAST LIVINGSTON AVE.
COLUMBUS OH 43227**

Mailing Address
**3770 EAST LIVINGSTON AVE.
COLUMBUS OH 43227**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/12/1969

4. FEI Number

59-1359786

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 **700 ACKERMAN RD.**

Suite, Apt. #, etc.

22 **SUITE 280**

City & State

23 **COLUMBUS OH**

Zip

24 **43202**

Country

25 **USA**

2a. Mailing Address

26 **700 ACKERMAN**

Suite, Apt. #, etc.

27 **SUITE 280**

City & State

28 **COLUMBUS OH**

Zip

29 **43202**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**MCGILICUDDY, DENNIS J.
5111 OCEAN BLVD
SARASOTA FL 33581**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	SILVERSTEIN, BARRY	
STREET ADDRESS	5111 OCEAN BLVD	
CITY-ST-ZIP	SARASOTA, FL 0	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SCHIAVO, MARJORY	
STREET ADDRESS	5111 OCEAN BLVD	
CITY-ST-ZIP	SARASOTA, FL 0	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MCVOY, D STEVENS	
STREET ADDRESS	5111 OCEAN BLVD	
CITY-ST-ZIP	SARASOTA, FL 0	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MCGILICUDDY, DJ	
STREET ADDRESS	5111 OCEAN BLVD	
CITY-ST-ZIP	SARASOTA, FL 0	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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 607, 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:

SKIN REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.25.99 614.263.6100

Date

Daytime Phone #

CR2E034 (11/98)