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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

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



DOCUMENT # **F47089 (0)**

1. Corporation Name
COASTAL EMERGENCY SERVICES OF ORLANDO, INC.

JAN 9 1995

Principal Place of Business: **DURHAM NC US**

Mailing Address: **ATTN: TAX DEPARTMENT P O BOX 15309 DURHAM NC 27704 US**

2. Principal Place of Business: **475 Montgomery Place Suite Apt # 100 Altamonte Springs, FL 32714**

2a. Mailing Address: **26 Suite Apt # 100 27 Altamonte Springs, FL 32714**

3. Date Incorporated or Qualified: **10/01/1981**

3a. Date of Last Report: **05/01/1994**

4. FEI Number: **59-2130467**

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Director Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

8. The corporation has liability for intangible tax under s. 689.07, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324**

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 601, 602, and 603, 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. Carl D. Soderstrom, Secretary of State, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME: PD SODERSTROM, CARL D	STREET ADDRESS: 2828 CROASDALE DR DURHAM NC	1. NAME: P/D/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add/Remove
NAME: VSD BERRY, DAVE	STREET ADDRESS: 2828 CROASDALE DRIVE DURHAM NC	2. NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Add/Remove
NAME: AS BERNARD, MICHAEL P	STREET ADDRESS: 2828 CROASDALE DRIVE DURHAM NC	3. NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Add/Remove
NAME: WACHUCA, WILLIAM R	STREET ADDRESS: 2828 CROASDALE DRIVE DURHAM NC	4. NAME: Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add/Remove
NAME: _____	STREET ADDRESS: _____	5. NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Add/Remove
NAME: _____	STREET ADDRESS: _____	6. NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Add/Remove

14. I, the undersigned, certify that the information supplied on this filing is voluntary, furnished in good faith, and equally for the corporation as stated in Section 601.07, Florida Statutes. I further certify that the corporation and officers and directors are not subject to any suspension or delinquency 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 registered agent or director of the corporation. I hereby accept the appointment as registered agent. Carl D. Soderstrom, Secretary of State, Florida Statutes, and that my name appears in Block 12 or Block 13 of a changed or new attachment with an address.

SIGNATURE: 4-28-95 919-383-0355

*File as part of a consolidated group Carl D. Soderstrom