

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F97000005584 (4)

1. Corporation Name

CARDIOSTART, INCORPORATED

Principal Place of Business

1772 CARDINAL DR.
CLEARWATER FL 34619

Mailing Address

1772 CARDINAL DR.
CLEARWATER FL 34619

2. Principal Place of Business

21 1722 Cardinal Dr.

Suite, Apt. #, etc.

City & State

23 Clearwater, FL

Zip

24 34619

Country

25 USA

2a. Mailing Address

26 1722 Cardinal Dr.

Suite, Apt. #, etc.

City & State

27 Clearwater, FL

Zip

29 34619

Country

30 USA

9. Name and Address of Current Registered Agent

MULHERN, C H A
512 WHITE OAK AVE.
BRANDON FL 33510

3. Date Incorporated or Qualified

10/23/1997

4. FEI Number

43-1791079

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

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 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 PDC
NAME MARATH, AUBYN DR
STREET ADDRESS 1772 CARDINAL DR.
CITY-ST-ZIP CLEARWATER FL 34619

☐ DELETE

TITLE VDC
NAME TURNAGE, SHERMAN DR
STREET ADDRESS 11205 OAK HILL MANOR
CITY-ST-ZIP BRIDGETON MO 63044

☒ DELETE

TITLE S
NAME TAYLOR, PATRICIA
STREET ADDRESS 1772 CARDINAL DR.
CITY-ST-ZIP CLEARWATER FL 34619

☐ DELETE

TITLE T
NAME LANBO, JOHN
STREET ADDRESS 149 BALTIC CIRCLE
CITY-ST-ZIP TAMPA FL 33606

☒ DELETE

TITLE D
NAME MULHERN, C H A
STREET ADDRESS 512 WHITE OAK AVE.
CITY-ST-ZIP BRANDON FL 33510

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Treasurer/Director
David Towne, Jr.
11903 N. 53rd St
Tampa, FL 33617

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-14-98 813-699-3209

FILED
Jul 22 1998 8:00am
Secretary of State



CR2E037 (5/98)