FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY -1 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J34282** **(0)**

1. Corporation Name
COASTAL EMERGENCY SERVICES OF DADE COUNTY, INC.

JAN 13 1995

Principal Place of Business	Mailing Address
2828 CROASDAILE DR DURHAM NC 27705	~~[illegible]~~ DR. DURHAM NC ~~[illegible]~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/22/1986	3a. Date of Last Report: 05/01/1994
4. FEI Number: 56-1530155	[ ] 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 has liability for intangible tax under s. 199.032, Florida Statutes [ ] Yes **XX** No	

2. Principal Place of Business	2a. Mailing Address
21	26 Attn: Tax Dept.
22 Suite, Apt. #, etc.	27 P.O. Box 15309
23 City & State	28 City & State
24 Zip / 25 Country USA	29 Zip 27704 / 30 Country USA

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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. [illegible]

SIGNATURE

12. OFFICERS AND DIRECTORS

Title	Name / Address
~~[illegible]~~	~~[illegible]~~
~~[illegible]~~	VALLI, KATHLEEN 6550 N. FEDERAL HWY #300 FT. LAUDERDALE FL 33308
~~[illegible]~~	~~[illegible]~~

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

Title	Name / Address	
PD	Soderstrom, Carl D. 3708 Mayfair Street, Ste. 301 Durham, NC 27707	X Change [ ] Addition
SD		X Change [ ] Addition
	Delete	[ ] Change [ ] Addition
AS	Miles, Kimberly J. 2828 Croasdaile Dr. Durham, NC 27705	[ ] Change X Addition
T	Fater, David H. 2828 Croasdaile Dr. Durham, NC 27705	[ ] Change X Addition
AT	Snedeker, Angela M. 2828 Croasdaile Drive Durham, NC 27705	[ ] Change X Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(1)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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.

SIGNATURE: Angela M. Snedeker   Angela M. Snedeker   4-28-95   919-383-0355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

0475135 FP