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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # **K02349** (4)

1. Corporation Name

COASTAL EMERGENCY SERVICES OF FT. LAUDERDALE, INC.

Principal Place of Business

**6550 N. FEDERAL HIGHWAY
SUITE 300
FT. LAUDERDALE FL 33308
US**

Mailing Address

**ATTENTION: TAX DEPARTMENT
P O BOX 15309
DURHAM NC 27704
US**



2. Principal Place of Business

2a. Mailing Address

21 **2400 EAST COMMERCIAL BLVD**

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **SUITE 1100**

27 City & State

City & State

23 **FT. LAUDERDALE, FL**

28 Zip

Zip

24 **33308**

Country

25 **USA**

Zip

29 **33308**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

11/17/1987

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0014813

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

SIGNATURE

Signature, typed or printed name of registered agent, or if not applicable

Signature, typed or printed name of registered agent, or if not applicable

DATE

12. OFFICERS AND DIRECTORS

TITLE **VD** ☐ DELETE
NAME **PODOLSKY, SHERMANM**
STREET ADDRESS **6550 N FEDERAL HWY #300**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE **VSD** ☐ DELETE
NAME **VALLI, KATHY**
STREET ADDRESS **6550 N. FEDERAL HWY #300**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **DP** ☐ DELETE
NAME **SODERSTROM, CARL D**
STREET ADDRESS **2828 CROASDALE DR.**
CITY-ST-ZIP **DURHAM NC**

TITLE **T** ☐ DELETE
NAME **BREDESON, CHRIS**
STREET ADDRESS **6550 N. FEDERAL HWY. #300**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **AS** ☐ DELETE
NAME **SNEDEKER, ANGELA M.**
STREET ADDRESS **2828 CROASDALE DR**
CITY-ST-ZIP **DURHAM NC**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **2400 EAST COMMERCIAL BLVD, SUITE 1100**
1.4 CITY-ST-ZIP **FT. LAUDERDALE, FL 33308**

2.1 TITLE **P/D** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **2400 EAST COMMERCIAL BLVD, SUITE 1100**
2.4 CITY-ST-ZIP **FT. LAUDERDALE, FL 33308**

3.1 TITLE **S** ☐ Change ☒ Addition
3.2 NAME **FIELDING, ROBIN**
3.3 STREET ADDRESS **2400 EAST COMMERCIAL BLVD, SUITE 1100**
3.4 CITY-ST-ZIP **FT. LAUDERDALE, FL 33308**

4.1 TITLE **V/D** ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS **2400 EAST COMMERCIAL BLVD, SUITE 1100**
4.4 CITY-ST-ZIP **FT. LAUDERDALE, FL 33308**

5.1 TITLE **T** ☒ Change ☐ Addition
5.2 NAME **KENNEDY, JONATHAN E.**
5.3 STREET ADDRESS **3608 MAYFAIR STREET, SUITE 206**
5.4 CITY-ST-ZIP **DURHAM, NC 27707**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: **Angela M. Snedeker** ANGELA M. SNEDEKER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-96

(919) 383-0355

DATE OF FILING OFFICER'S SIGNATURE

CR2E034 (12/95)