

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Mar 18 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P38129** (3)

1. Corporation Name  
**ATLANTIC/KEY WEST AMBULANCE, INC.**

Principal Place of Business <b>5551 N.W. 9TH AVENUE FT. LAUDERDALE FL 33309</b>	Mailing Address <b>3221 N. SERVICE ROAD BURLINGTON, ONTARIO CANADA L7R -3Y8</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>03/31/1992</b>	
4. FEI Number <b>33-0506809</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>2821 S. Parker Rd.</b>	2a. Mailing Address 26 <b>2821 S. Parker Rd.</b>
Suite, Apt. #, etc. 22 <b>10th Floor</b>	Suite, Apt. #, etc. 27 <b>10th Floor</b>
City & State 23 <b>Aurora Colorado</b>	City & State 28 <b>Aurora, Colorado</b>
Zip 24 <b>80014</b>	Zip 29 <b>80014</b>
Country 25 <b>USA</b>	Country 30 <b>USA</b>

9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 Zip Code		<b>FL</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD GRAINGER, JOHN R 3221 N SERVICE RD BURLINGTON, ONTARIO</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>D George B. DeHuff 2821 S. Parker Rd., 10th Floor Aurora, Colorado</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>M EISMANN, WALTER F 5551 N.W. 9TH AVENUE FT. LAUDERDALE FL 33309</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>P/T/CEO John Rester 1850 Parkway Place, #810 Marietta, GA 30067</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T FORSAYETH, MICHAEL 3221 N SERVICE RD BURLINGTON, ONTARIO</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>V/S Robert Garner 7255 N.W. 19th Street Miami, FL 33126</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S BYRNE, ROBERT H 3221 N SERVICE RD BURLINGTON, ONTARIO</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<b>V Jack Kelleher 7255 N.W. 19th Street Miami, FL 33126</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS HUMPHRIES, J. BOB 501 E. KENNEDY BLVD., #1700 TAMPA FL 33602</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<b>V Robert Allen 2821 S. Parker Rd., 10th Floor Aurora, CO 80014</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<b>V Joshua T. Gaines 2821 S. Parker Rd., 10th Floor Aurora, CO 80014</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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.

SIGNATURE: \_\_\_\_\_

CR25034 (10/97)