SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

INTERCOASTAL MEDICAL, INC.

**DOCUMENT#** P94000076633 (4)

Principal Place of Business

Mailing Address

## FILED Jul 22 1998 8:00am Secretary of State



2871 NE 26TH CT 2871 NE 26TH CT FT LAUDERDALE FL 33306 FT LAUDERDALE FL 83306 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/19/1994 2. Principal Place of Business
1 2620 N.E. 2a. Mailing Address 4. FEI Number Applied For 26 26 20 N.E. 475T Not Applicable 65-0562319 Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be POINT FL. Trust Fund Contribution Added to Fees 1641 Hous 8. This corporation owes or has paid the current year Intangible USB Personal Property Tax due June 30. Yes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CARROLL, GARY 2871 NE **26**TH CT 82 Street Address (P.O. Box Number is Not Acceptable) FT LAUDERDALE FL 33306 83 Zip Code 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 up and accept the obligations of, section 607.0505, Florida Statutes. **SIGNATURE** ne of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. P TITLE **XX DELETE** 1.1 TITLE CARROLL, GARY NAME 12 NAME 2871 NE 26TH CT STREET ADDRESS 1.3 STREET ADDRESS 33064 FT LAUDERDALE FL 33306 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change \_\_\_\_ Addition 2.2 NAME NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2.4 CIT ST-ZIP TITLE DELETE 3 1 TII Change Addition NAME 3.2 NA STREET ADDRESS 3.3 STA T ADDRESS CITY-ST-ZIP ST-ZIP 3.4 CIT TITLE DELETE 4.1 T(T NAME 4.2 NA 4.3 STR ET ADDRESS STREET ADORESS CITY-ST-ZIP 4.4 CIT ST-ZIP TITLE 5.1 TIT Change DELETE Addition NAME 5.2 NA ET ADDRESS STREET ADDRESS 5.3 ST CITY-ST-ZIP 5.4 CI ST-ZIP TITLE DELETE 6.1 TI Change Addition NAME 6.2 N STREET ADDRESS ADDRESS

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemindicated on this annual report or supplemental annual report is true and accurate and an officer or director of the corporation or the receiver or trustee empowered to execut in Block 12 or Block 13 if changed, or on an attrooper it with an address.

n stated in section 119.07(3)(i), Florida Statutes. I further certify that the information t my signature shall have the same legal effect as if made under oath; that I am is report as required by Chapter 607, Floride Statutes; and that my name appears

7-13-58 506-7840186

CR2E034 (5/98)