

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
2000



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jun 06, 2000 8:00 am**  
**Secretary of State**

06-06-2000 90477 041 \*\*\*150.00

**DOCUMENT # P95000028285**

1. Corporation Name  
**COULTER INTERNATIONAL CORP.**

Principal Place of Business  
**11800 S.W. 147TH AVE.  
MIAMI FL 33196-2500**

Mailing Address  
**11800 S.W. 147TH AVE.  
MIAMI FL 33196-2500**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/10/1995**

4. FEI Number

**65-0609339**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE

NAME **VIVANCO, EDGAR**  
STREET ADDRESS **4500 NW 99TH ST, 106**  
CITY-ST-ZIP **MIAMI FL 33178**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE **T** ☒ DELETE

NAME **GLYER, PAUL**  
STREET ADDRESS **2121 TREERIDGE CIR**  
CITY-ST-ZIP **BREA CA 92621**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE **S** ☒ DELETE

NAME **KURZ, WARREN**  
STREET ADDRESS **11800 S.W. 147TH AVENUE**  
CITY-ST-ZIP **MIAMI FL 33196-2500**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE **VP** ☒ DELETE

NAME **BABCOCK, EUGENE**  
STREET ADDRESS **431 PURDY AVE**  
CITY-ST-ZIP **PLACENTIA CA 92870**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE **VPAS** ☐ DELETE

NAME **MAY, WILLIAM H**  
STREET ADDRESS **10871 FURLONG DR**  
CITY-ST-ZIP **SANTA ANA CA 92705**

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE

NAME **GLOVER, JAMES T**  
STREET ADDRESS **318 SIGNAL RD**  
CITY-ST-ZIP **NEWPORT BEACH CA 92663**

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

*M. Luke Alter*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**M. Luke Alter, Assistant Secretary**

4/28/00

(305) 380-2088

Daytime Phone