## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION **ANNUAL REPORT** 

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Jul 14, 1999 8:00 am Secretary of State

07-14-1999 90010 022 \*\*\*150.00

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COASTA	L ULTRASOUND, INC.				I MARINANI DIA DADA MARINANI AND AND AND	T BERKK BERBEK KREUT KEKKE KRUID KREUD KREU
Principal Place	of Business	Mailing Address	<del></del>			i Beini Benen (1880 henne (1869 hen (186
5308 LEEWARD		5308 LEEWARD LANE			<b>\</b>	
NEW PORT RIC	HEY FL 34652	NEW PORT RICHEY FL	. 34652		DO NOT WRITE IN	THIS SPACE
					3. Date Incorporated or Qualified	ITIIO OFACE
					01/05/1998	
2. Principal Pla	ce of Business	2a. Mailing Address			4. FEI Number	Applied For
- 6449	1 10111 100 - 00 11.	26 6449 Drif	twood	Da	59 349 766	
Suite, Apt. #	, etc.	- Suite, Apt#, etc.			5. Certificate of Status Desired	\$8:75 Additional Fee Required
City & State	on, FL	City & State	CC		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
-1 3466	Country 25 OQ5Cb	29 34661	Count	%s(0	This corporation owes the current year     Intangible Personal Property.	Yes No
	9. Name and Address of Current I	<del></del>			10. Name and Address of New Registe	ered Agent
\A/LIIT	TEMORE, CHARLES		}8	1 Name		
	LEEWARD LANE		1	2 Street Addr	ess (P.O. Box Number is Not Acceptable)	
	PORT RICHEY FL 34652			3		
71277	1 0111 1101121 12 01002		6	3		
			8	4 City		FL 85 Zip Code
11. Pursuant to office or re agent. Lar	o the provisions of sections 607,0502 a agistered agent, or both, in the State of in familiar with, and accept the obligati	and 607,1508, Florida Stat f Florida. Such change wa ons of, section 607,0505,	utes, the aboves authorized Florida Statut	e-named corporations the corporations.	ration submits this statement for the purpose on's board of directors. I hereby accept the a	of changing its registered ppointment as registered
SIGNATURE _					Λ	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent sign			Agent signature requ	<del></del>		
	PD OFFICERS AND		13,		ADDITIONS/CHANGES TO OFFICER	<del></del>
	WHITTEMORE, CHARLES	DELETE	1.1 TITLI	Į.		Change Addition
	5308 LEEWARD LANE	` ;	1.2 NAM	ETADDRESS		r
radoress	NEW PORT RICHEY FL 34652		1.4 CITY	- 1	;	
	THE THE THORIES TE GAGGE	DELETE	2.1 TITLE			Change Addition
}		ריין מערכונ	2.2 NAM	- 1		L_1 Orlange L_1 Addition
; ADDRESS			- 2.3 STRE	ET ADORESS		
20			2.4 CITY	ST-ZIP		·
		DELETE	3,1 TITLE			Change Addition
-			3.2 NAM	<b>.</b>		-
: ADDRESS			3.3 STRE	ET ADDRESS		
=: Z#			3.4 CITY	ST-ZIP		
-		☐ DELETE	4,1 TITLE	.		Change Addition
- }			4.2 NAM	: }		
( ALKUMESS			4.3 STRE	ET ADDRESS		

6.4 CITY-ST-ZIP continuity 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 stated in section 119.07(3)(i), Florida Statutes. I further certify that the information stated in section 119.07(3)(i), Florida Statutes. I further certify that the information stated in section 119.07(3)(i), Florida Statutes, I further certify that the information stated in section 119.07(3)(i), Florida Statutes, I further certify that the information stated in section 119.07(3)(i), Florida Statutes, I further certify that the information stated in section 119.07(3)(i), Florida Statutes, I further certify that the information stated in section 119.07(3)(i), Florida Statutes, I further certify that the information stated in section 119.07(3)(i), Florida Statutes, I further certify that the information stated in section 119.07(3)(i), Florida Statutes, I further certify that the information stated in section 119.07(3)(ii), Florida Statutes, I further certify that the information stated in section 119.07(3)(ii), Florida Statutes, I further certify that the information stated in section 119.07(3)(ii), Florida Statutes, I further certify that the information stated in section 119.07(3)(ii), Florida Statutes, I further certify that the information stated in section 119.07(3)(ii), Florida Statutes, I further certify that the information stated in section 119.07(3)(ii), Florida Statutes, I further certify that the information stated in section 119.07(3)(ii), Florida Statutes, I further certify that the information stated in section 119.07(3)(ii), Florida Statutes, I further certify that the information stated in section 119.07(3)(ii), Florida Statutes, I further certify that the information stated in section 119.07(3)(ii), Florida Statutes, I further certify that the information stated in section 119.07(3)(ii), Florida Statutes, I further certify that the information stated in section 119.07(3)(iii), Florida Statutes, I further certify tha

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

1A00RE39

\_ : AUUFESS

DELETE

DELETE

721 862 63 9 9 Daytime Phone #

Change Addition

Change Addition

CR2E034 (5/99)

P9800001822

## Coastal Ultrasound

6449 Driftwood Dr. Hudson, FL. 34667 (727) 862-6399

Tuesday, July 06, 1999

Dear Sir or Madam,

The notice that had been mailed with this letter is the first notice that I have received from the department of the State. I have had a recent change of address that may explain the problem. In light of the situation, I would request an exemption to the penalty that applies with the second notice. I have therefore enclosed a check for \$150.00

Sincerely,

Charles Whittemore Pres. Coastal Ultrasound

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