

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).

FILED
Jul 16, 1999 8:00 am
Secretary of State

07-16-1999 90016 004 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # **P98000022196**

1. Corporation Name
AMBU-VAN INC.



Principal Place of Business
**1366 ROBERTS BAY LANE
 SARASOTA FL 34242**

Mailing Address
**1366 ROBERTS BAY LANE
 SARASOTA FL 34242**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/10/1998

2. Principal Place of Business
21 1662 INDEPENDENCE BLVD.

2a. Mailing Address
26 1662 INDEPENDENCE BLVD.

22 Suite, Apt. #, etc.
27

City & State
23 SARASOTA FL.

28 City & State
SARASOTA FL.

24 Zip **34234** Country **25**

29 Zip **34234** Country **30**

4. FEI Number
91-1891548 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. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GOETTLICH, PENNY M
 1366 ROBERTS BAY LANE
 SARASOTA FL 34242**

81 Name **GOETTLICH, PENNY M**

82 Street Address (P.O. Box Number is Not Acceptable)
1662 INDEPENDENCE BLVD.

83

84 City **SARASOTA** FL 85 Zip Code **34**

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	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PRESIDENT
1.3 STREET ADDRESS	PENNY M. GOETTLICH
1.4 CITY-ST-ZIP	1662 INDEPENDENCE BLVD. SARASOTA, FL. 34234
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:

[Handwritten Signature]

7/8/99

941-358-1959

CR2E034 (5/99)

589948-9016-4
978000022196

**Ambu-Van, Inc.
1662 Independence Blvd
Sarasota, Fl. 34234**

DIVISION OF CORPORATION
ANNUAL REPORTS FILINGS
P.O. BOX 1500
TALLAHASSEE, FL. 32302-1500

July 8, 1999

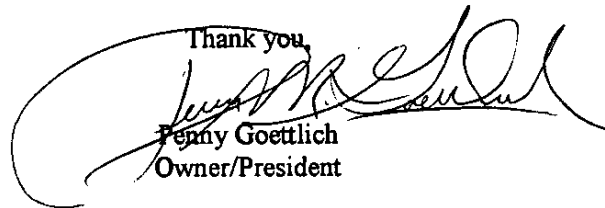
To Whom It May Concern;

This is the first notice that Ambu-Van has received. We only received this notice because, we visited our old address, that is where the notice had been sent.

We are sending the first notice that we received with a check for \$150.00. We have also corrected the address.

This is what we were told to do by the employee we spoke to at, 1-850-488-9000.

Thank you,



Penny Goettlich
Owner/President