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Mar 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05253 (4)
1. Corporation Name
CONTRAVEST MANAGEMENT COMPANY



Principal Place of Business Mailing Address
250 INTERNATIONAL PKWY. SUITE 220 HEATHROW FL 32746
250 INTERNATIONAL PKWY. SUITE 220 HEATHROW FL 32746-5006

3. Date Incorporated or Qualified 07/25/1989 3a. Date of Last Report 04/23/1986
4. FEI Number 58-1853355 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

21. Principal Place of Business 22. State, Apt #, etc. 23. City & State 24. Zip 25. Country
26. Mailing Address 27. Suite, Apt #, etc. 28. City & State 29. Zip 30. Country

9. Name and Address of Current Registered Agent
HADDEN, LOUANN
CONTRAVEST INC.
14222 LAKE PRICE DR
ORLANDO FL 32828

10. Name and Address of New Registered Agent
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 officer 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	VP	1.1 TITLE	P
NAME	JOHN H MCCLINTOCK, JR	1.2 NAME	Gerald D. Ogier
STREET ADDRESS	3421 LANDS END DRIVE	1.3 STREET ADDRESS	250 International Parkway # 220
CITY - ST - ZIP	ST. AUGUSTINE FL	1.4 CITY - ST - ZIP	Heathrow FL 32746
TITLE	TS	2.1 TITLE	VP
NAME	JOHN SCHAFFER	2.2 NAME	David M. G. McDaniel
STREET ADDRESS	249 SHADY OAKS CIRCLE	2.3 STREET ADDRESS	250 International Parkway # 220
CITY - ST - ZIP	LAKE MARY FL	2.4 CITY - ST - ZIP	Heathrow, FL 32746
TITLE	P	3.1 TITLE	
NAME	KIANG, PAUL	3.2 NAME	
STREET ADDRESS	250 INTERNATIONAL PKWY, #220	3.3 STREET ADDRESS	
CITY - ST - ZIP	HEATHROW FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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: John Schaffer John Schaffer 2/24/97 (407) 333-0066
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)