

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

FILED

**May 01 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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: **250 INTERNATIONAL PKWY. SUITE 220 HEATHROW FL 32746**
Mailing Address: **250 INTERNATIONAL PKWY. SUITE 220 HEATHROW FL 32746**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/25/1989**
4. FEI Number: **58-1853355**
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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business: **21** Suite, Apt. #, etc. **22** City & State **23** Zip **24** Country
2a. Mailing Address: **26** Suite, Apt. #, etc. **27** City & State **28** Zip **29** Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HADDEN, LOUANN
CONTRAVEST INC.
14222 LAKE PRICE DR
ORLANDO FL 32828**

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 _____ (NOT: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
VP	JOHN H MCCLINTOCK, JR	3421 LANDS END DRIVE	ST. AUGUSTINE FL	<input checked="" type="checkbox"/>
TS	JOHN SCHAFER	249 SHADY OAKS CIRCLE	LAKE MARY FL	<input type="checkbox"/>
P	GERALD D. OGIER	250 INTERNATIONAL PKWY, #220	HEATHROW FL	<input type="checkbox"/>
VP	DAVID G. MCDANIEL	250 INTERNATIONAL PKWY, #220	HEATHROW FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

*VTS
John Schaffer
250 International Parkway, # 220
Heathrow, FL*

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.

CR2E034 (10/97)