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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # 1. Corporation Name L05253 (4)

CONTRAVEST MANAGEMENT COMPANY

FILED May 01 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					ENERI OLDIN BLOSS ESESI DIDIL DIBIL KUDI	
SUITE 220	TIONAL PKWY.	250 International PKWY. Suite 220		DO NOT WRITE I	NITHUS STACE	
HEATHROW FL 32746 HEATHROW FL 32746				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
					07/25/1989	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21 28		26			58-1853355	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.75 Additional
The state of the s		27		5. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23	Country	28]	Countr		Trust Fund Contribution	☐ Added to Fees
Zip	Country	Zip	Country		8. This corporation owes or has paid	
24	g. Name and Address of Current		30		Personal Property Tax due June 3 10. Name and Address of New Reg	
HA	D DE N, LOUANN		81	Name		
CONTRAVEST INC.			~~		(D.O. O. N	
14222 LAKE PRICE DR			82	Street	Address (P.O. Box Number is Not Acceptable	"
	LANDO FL 32828		83		****	
			84	City		65 Zip Code
			01	City		FL 85 Zip Code
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State or familiar with, and accept the obligations.	Florida Such change was a	authorized b	y the corp	corporation submits this statement for the purioration's board of directors. I hereby accept	rpose of changing its registered the appointment as registered
SIGNATURE						ł
	Signature, typed or printed name of registrited agent			ent signature	required when reinstating)	DATE
12.	OFFICERS AND	DIRECTORS DELETE	13.	₁	ADDITIONS/CHANGES TO OFFICE	
TITLE	JOHN H MCCLINTOCK, JR	DECER	1.1 TITLE	:		Change Addition
NAME STORES ADDOCCO	3421 LANDS END DRIVE		1.2 NAME	7 4000000		[5
STREET ADDRESS	ST. AUGUSTINE FL		1.3 STREE	T ADDRESS		L
CITY-ST-ZIP TITLE	18	DELETE	2.1 TITLE	31-2Ir	V 7 5	Change Addition
NAME	JOHN SCHAFFER		2.2 NAME		John Schaffer	
STREET ADDRESS	ALL ALLENY ALLE AND IN		2.3 STREE	T ADDRESS	VTS John Schaffer 250 Unternational Parka Xeathrow, FL	a, # 220
CITY-ST-ZIP	LAKE MARY FL		2. 4 CITY-	ST-ZIP	Hathrow FL	//
TITLE	P	DELETE	3.1 TITLE			Change Addition
NAME	GERALD D. OGIER		3.2 NAME			
STREET ADDRESS				T ADDRESS		i
CITY-ST-ZIP	HEATHROW FL	T or one	3.4. CITY-	ST-ZIP		06
TITLE	VP	L_J DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME	DAVID G. MCDANIEL	200	4. 2 NAME			
STREET ADDRESS	250 INTERNATIONAL PKWY, # HEATHROW FL	220	B .	I ADDRESS		
CITY-ST-ZIP TITLE	TIERITHOUT IE	☐ DELETE	5.1 TITLE	21 - ZIP		Change Addition
NAME		000016	5.2 NAME			
STREET ADDRESS				T ADDRESS		1
CITY-ST-ZIP			5.4 CITY-1	•		
TITLE		DELETE	6.1 TITLE			Change Addition
NAME			62 NAME			
STREET ADDRESS			4	T ADDRESS		
CITY-ST-ZIP			6.4 CHTY-	ST-ZIP		
ed Ibarahi a	artifuthat the information aurobad with	this filter store and a self-to-	e the even		d in Caption 110 07/3V// Florida Ctatutan I f.	with an appetit of the fitting indicates at the

Trajecy coming may no monitoring incompanion supplied with this rining does not quality 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.