

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED

95 APR 24 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Suzanne B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V30305 (9)
1. Corporation Name
COUNTER SINK & TUB REPAIR, INC.

Principal Place of Business: **PO BOX 97 PONTE VEDRA BEACH FL 32004**
Mailing Address: **PO BOX 97 PONTE VEDRA BEACH FL 32004**

DO NOT WRITE IN THIS SPACE.

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

3. Date Incorporated or Qualified: **04/01/1992** 3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-3116118** 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**
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**SCHECTMAN, RICHARD
7019 CYPRESS BRIDGE DR NO
PONTE VEDRA BEACH FL 32082**

10. Name and Address of New Registered Agent
81 Name: **Richard Schectman**
82 Street Address (P.O. Box Number is Not Acceptable): **52 Players Club Villas**
83 City: **Ponte Vedra Beach** 84 State: **FL** 85 Zip Code: **32082**

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHECTMAN, HELENE	1.2 NAME	
STREET ADDRESS	110 TEGA CAY PLACE #2004	1.3 STREET ADDRESS	52 Players Club Villas
CITY - ST - ZIP	PONTE VEDRA BEACH FL	1.4 CITY - ST - ZIP	Ponte Vedra Beach, FL 32082
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHECTMAN, RICHARD	2.2 NAME	
STREET ADDRESS	110 TEGA CAY PLACE #2004	2.3 STREET ADDRESS	52 Players Club Villas
CITY - ST - ZIP	PONTE VEDRA BEACH FL	2.4 CITY - ST - ZIP	Ponte Vedra Beach FL 32082
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	100001465191
STREET ADDRESS		3.3 STREET ADDRESS	-04/26/95--01053--024
CITY - ST - ZIP		3.4 CITY - ST - ZIP	*****200.00 *****200.00
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 the 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: Richard Schectman 9/10/95 904-285-0804
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date of Filing