

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

FILED
May 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/01/1992		4. FEI Number 59-3116118		Applied For <input type="checkbox"/> Not Applicable
2. Principal Place of Business 21 PO BOX 350399 Suite, Apt. #, etc.	2a. Mailing Address 26 PO BOX 350399 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
22 City & State JACKSONVILLE FL	27 City & State JACKSONVILLE FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
23 Zip 32235	25 Country DOVAL	28 Zip 32235	30 Country DOVAL	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent SCHECTMAN, RICHARD 52 PLAYERS CLUB VILLAS 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) 4224 HARBOUR ISLAND DR.		
		83		
		84 City JACKSONVILLE	85 Zip Code FL 32225	

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 *Richard Schectman* **President** DATE **4/21/98**

Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHECTMAN, HELENE	1.2 NAME	SCHECTMAN HELENE
STREET ADDRESS	52 PLAYERS CLUB VILLAS	1.3 STREET ADDRESS	4224 HARBOUR ISLAND DR
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	1.4 CITY-ST-ZIP	JACKSONVILLE FL 32225
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHECTMAN, RICHARD	2.2 NAME	SCHECTMAN RICHARD
STREET ADDRESS	52 PLAYERS CLUB VILLAS	2.3 STREET ADDRESS	4224 HARBOUR ISLAND DR
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	2.4 CITY-ST-ZIP	JACKSONVILLE FL 32225
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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 *Richard Schectman* **President** DATE **4/21/98** 904 564 2220

CR2E034 (10/97)