

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 PM 3: 37

DOCUMENT # **J14110** (7)
1. Corporation Name
CONTRAVEST, INC.

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

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **05/14/1986** 3a. Date of Last Report **04/07/1994**
4. FEI Number **59-2691025** 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

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

9. Name and Address of Current Registered Agent

**MCDANELS, DAVID
400 E SOUTH STREET, #204
ORLANDO, FL 32801**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
250 INTERNATIONAL PKWY
83 **SUITE 220**
84 City **HEATHROW** FL 85 Zip Code **32746**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPC	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCLINTOCK, JR., JOHN H.	1.2 NAME	
STREET ADDRESS	203 VISTA OAKS DR.	1.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER PARK FL	1.4 CITY - ST - ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERGNOLLE, ROBERT R.	2.2 NAME	
STREET ADDRESS	37 VILLA ROAD #210	2.3 STREET ADDRESS	
CITY - ST - ZIP	GREENVILLE SC	2.4 CITY - ST - ZIP	
TITLE	P	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OGIER, GERALD D.	3.2 NAME	
STREET ADDRESS	218 NOB HILL CIRCLE	3.3 STREET ADDRESS	
CITY - ST - ZIP	LONGWOOD FL	3.4 CITY - ST - ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDANIEL, CRISTY M.	4.2 NAME	
STREET ADDRESS	203 VISTA OAKS DRIVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	LONGWOOD FL	4.4 CITY - ST - ZIP	
TITLE	CFO	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIANG, PAUL	5.2 NAME	
STREET ADDRESS	400 EAST SOUTH STREET, #204	5.3 STREET ADDRESS	250 INTERNATIONAL PKWY, #220
CITY - ST - ZIP	ORLANDO FL	5.4 CITY - ST - ZIP	HEATHROW FL 32746
TITLE	V	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDANIEL, DAVID G.	6.2 NAME	
STREET ADDRESS	203 VISTA OAKS DRIVE	6.3 STREET ADDRESS	
CITY - ST - ZIP	LONGWOOD FL	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 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: *David G. McDaniel*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/95 (467) 333-0066
DATE