

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J14110 (7)**

1. Corporation Name  
**CONTRAVEST, INC.**



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

3. Date Incorporated or Qualified: **05/14/1986**  
3a. Date of Last Report: **03/31/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FBI Number <b>59-2691025</b>	Applied For	<input type="checkbox"/>	Not Applicable	
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input checked="" type="checkbox"/>	<b>\$8.75</b>	Additional Fee Required	
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	<b>\$5.00</b>	May Be Added to Fees	
24	Zip	25	Country	29	Zip	30	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

**9. Name and Address of Current Registered Agent**

**MCDANIELS, DAVID  
250 INTERNATIONAL PKWY  
SUITE 220  
HEATHROW FL 32746**

**10. Name and Address of New Registered Agent**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

**FL**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPC/D <input type="checkbox"/> DELETE	1.1 TITLE	T/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCLINTOCK, JR., JOHN H.	1.2 NAME	John Schaffer
STREET ADDRESS	203 VISTA OAKS DR.	1.3 STREET ADDRESS	249 Shady Oaks Circle
CITY-ST-ZIP	WINTER PARK FL	1.4 CITY-ST-ZIP	Lake Mary, FL 32746
TITLE	VP <input checked="" type="checkbox"/> DELETE	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/D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OGIER, GERALD D.	3.2 NAME	
STREET ADDRESS	216 NOB HILL CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	3.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	5.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIANG, PAUL	5.2 NAME	Kiang, Paul
STREET ADDRESS	250 INTERNATIONAL PKWY, #220	5.3 STREET ADDRESS	250 International Pkwy Ste. 220
CITY-ST-ZIP	HEATHROW FL	5.4 CITY-ST-ZIP	Heathrow, FL 32746
TITLE	V <input type="checkbox"/> DELETE	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 119.07(3)(k), 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: John Schaffer (John Schaffer) 4/4/96 (407)333-0066  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)