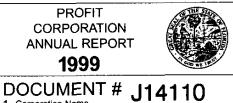
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT 1999

1. Corporation Name

CONTRAVEST, INC.



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90078 014 \*\*\*158.75

Principal Place	e of Business	Mailing Address							
250 INTERNATIONAL PKWY. 250 INTERNATIONAL PKWY.									
SUITE 220 HEATHROW FL 32746		SUITE 220 HEATHROW FL 32746				DO NOT WRITE IN THIS SPACE			
HEATHNOW FL	ULITU	Charles over 1 to the re				3. Date Incorporated or Qualifed			
						05/14/1986			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	Ар	plied For	
21		26				59-2691025	No	t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75		
22		27				3. Certificate of otation position	Fee Re		
City & State		City & State				6. Election Campaign Financing	\$5.00	· ·	
23		28				Trust Fund Contribution	Added t	to Fees	
Zìp	Country Zip		Cou	intry		8. This corporation owes the current year Intangible Personal Property Tax.   Yes			
24	25	29	30			Personal Property Tax.  10. Name and Address of New Registered		LINO	
	9. Name and Address of Currer	it Registered Agent		81	Name	10. Name and Abdress of New Registered	Agent		
MCD	ANIELS, DAVID			"	Name				
	INTERNATIONAL PKWY			82	Street Add	iress (P.O. Box Number is Not Acceptable)			
SUITE 220				83					
HEATHROW FL 32746				03					
HEA	1111077 12 327 10			84	City	FI	85 Zip (	Code	
		00 4 007 4500 Florido Stat	utas the e	bovo.	named con	poration submits this statement for the purpose o	changing its	registered	
office or r	egistered agent, or both, in the State	of Florida. Such change was	authorized	d by th	ne corporat	ion's board of directors. I hereby accept the appo	intment as re	gistered	
agent. I a	m familiar with, and accept the obliga	itions of, Section 607.0505, F	lorida Stat	utes.					
SIGNATURE	Signature, typed or printed name of registered age	ot and title if applicable (NO	TF: Registered	Agent s	signature requir	ed when reinstating) DATE			
12.		ND DIRECTORS	13.	· · · · · · · · ·	Juliano Indian	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	ORS IN 12	
TITLE	VTS	☐ DELETE	1.1 TI	TLE			Change	Addition	
NAME	JOHN SCHAFFER		1.2 N	AME					
STREET ADORESS	AND CHARLY CALLS CIRCLE		1.3 \$	TREET A	DDRESS				
CITY-ST-ZIP	LAKE MARY FL		1,4 C	TY-ST-2	ZIP				
TITLE	P	☐ DELETE	2.1 TI				Change	Addition	
NAME	OGIER, GERALD D.		2.2 N	AME					
STREET ADDRESS	NOD 1111 OIDOLE		2.3 \$	TREET A	DDRESS			i	
CITY-ST-ZIP	LONGWOOD FL		2.40	ITY-ST-	ZIP				
TITLE	V	☐ DELETE	3.1 Ti				Change	Addition	
NAME	MCDANIEL, DAVID G.		3.2 N	AME					
STREET ADDRESS	AAA I HATA AANA BBK/E		3.3 S	TREET A	ODRESS				
CITY-ST-ZIP	LONGWOOD FL		3.4. 0	HTY-ST-	ZIP				
TITLE		☐ DELETE	4.1 TI	TLE			Change	Addition	
NAME			4. 2 N	AME				í	
STREET ADDRESS			4 3 S	TREET A	DORESS			ļ	
CITY-ST-ZIP			44C	ITY-ST	ZIP				
TITLE		☐ DELETE	5.1 T				☐ Change	Addition	
NAME			5.2 N	AME					
STREET ADDRESS			5.3 S	TREET A	NDDRESS				
CITY-ST-ZIP		_	5.4 C	ITY-ST-	ZIP				
TITLE		☐ DELETE	6.1 T	TLE			☐ Change	Addition	
NAME			6.2 N	AME					
STREET ADDRESS	}		6.3 \$	TREET A	ADDRESS			Į.	

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, with all other like empowered.

6.4 CITY-ST-ZIP

**SIGNATURE:** 

CITY-ST-ZIP

Tohn Schaffer

(407) 333-0066