

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 # L16159 (0)

1. Corporation Name

COUNTS ENTERPRISE CORPORATION



Principal Place of Business

1426 BRENNER PARK DR.  
VENICE FL 34292

Mailing Address

1426 BRENNER PARK DR.  
VENICE FL 34292  
US

2. Principal Place of Business

21 1532 US 41 BYPASS, S.

Suite, Apt. #, etc.

22 141

City & State

23 VENICE FL

Zip

24 34293

Country

25 SARASOTA

2a. Mailing Address

26 1532 US 41 BYPASS, S.

Suite, Apt. #, etc.

27 141

City & State

28 VENICE FL

Zip

29 34293

Country

30 SARASOTA

3. Date Incorporated or Qualified  
09/13/1989

3a. Date of Last Report  
04/10/1995

4. FEI Number

31-1280385

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

9. Name and Address of Current Registered Agent

KOUNTZ, RICHARD  
1426 BRENNER PARK DR.  
VENICE FL 34292

10. Name and Address of New Registered Agent

81 Name

RICHARD KOUNTZ

82 Street Address (P.O. Box Number is Not Acceptable)

1532 US 41 BYPASS, S.

83

#141

84 City

VENICE

FL

85 Zip Code

34293

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 for printed name of registered agent (if applicable)

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	KOUNTZ, RICHARD	
STREET ADDRESS	1426 BRENNER PK. DR.	
CITY - ST - ZIP	VENICE FL 34292	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	KOUNTZ, RITA	
STREET ADDRESS	1426 BRENNER PK. DR.	
CITY - ST - ZIP	VENICE FL 34292	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HULL, ALLAN	
STREET ADDRESS	6505 WILSON MILLS RD.	
CITY - ST - ZIP	CLEVELAND OH 44143	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1532 US 41 BYPASS, S. #141
1.4 CITY - ST - ZIP	VENICE, FL 34293
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1532 US 41 BYPASS, S. #141
2.4 CITY - ST - ZIP	VENICE, FL 34293
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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:

RG Kountz  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/96  
Date

Daytime Phone #

CR2E034 (12/95)