

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

FILED
Apr 14 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # L16159 (0)
1. Corporation Name
COUNTS ENTERPRISE CORPORATION



| | |
|---|--|
| Principal Place of Business 1532 US 41 BYPASS S. SUITE 141 VENICE FL 34293 US | Mailing Address 1532 US 41 BYPASS S. SUITE 141 VENICE FL 34293-1032 US |
|---|--|

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|---|--|
| 2. Principal Place of Business 21 1628 LAKE HERON DR Suite, Apt. #, etc. 22 City & State 23 LUTZ FL Zip Country 24 33549 25 US | 2a. Mailing Address 26 1628 LAKE HERON DR Suite, Apt. #, etc. 27 City & State 28 LUTZ FL Zip Country 29 33549 30 US |
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|--|---------------------------------------|
| 3. Date Incorporated or Qualified 09/13/1989 | 3a. Date of Last Report 03/13/1996 |
| 4. FEI Number 31-1280385 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--|--|
| 9. Name and Address of Current Registered Agent KOUNTZ, RICHARD 1532 US 41 BYPASS S. SUITE 141 VENICE FL 34293 | |
|--|--|

| | |
|--|---|
| 10. Name and Address of New Registered Agent | |
| 81 Name KOUNTZ, RICHARD | 82 Street Address (P.O. Box Number is Not Acceptable) 1628 LAKE HERON DR |
| 83 | |
| 84 City LUTZ | 85 Zip Code FL 33549 |

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 | |
|----------------------------|------------------------------------|
| TITLE | P <input type="checkbox"/> DELETE |
| NAME | KOUNTZ, RICHARD |
| STREET ADDRESS | 1532 US 41 BYPASS S. 141 |
| CITY-ST-ZIP | VENICE FL |
| TITLE | VT <input type="checkbox"/> DELETE |
| NAME | KOUNTZ, RITA |
| STREET ADDRESS | 1532 US 41 BYPASS S. 141 |
| CITY-ST-ZIP | VENICE FL |
| 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 | 1628 LAKE HERON DR |
| 1.4 CITY-ST-ZIP | LUTZ FL 33549 |
| 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | 1628 LAKE HERON DR |
| 2.4 CITY-ST-ZIP | LUTZ FL 33549 |
| 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 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 _____

CR2E034 (9/96)