PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # L16159

1. Corporation Name **COUNTS ENTERPRISE CORPORATION**

FILED Mar 23, 1999 8:00 am **Secretary of State**

03-23-1999 90069 026 ***150.00



				#1#1 #1#1; #1#1 #1#1 #1#1 #1#1 I##1	
Principal Place of Business	Mailing Address		11000110001100011000110001100011000110000	•	
528 LAKE HERON DR 1628 LAKE HERON DR JTZ FL 33549 LUTZ FL 33549 S US			DO NOT WRITE IN THIS	S SPACE	
US	33		3. Date Incorporated or Qualifed 09/13/1989		
2. Principal Place of Business	2a. Mailing Address		4, FEI Number	Applied For	
21	26		31-1280385	Not Applicable	
Suite, Apt: #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	City & State	··· ·· ···	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country		untry	This corporation owes the current year In Personal Property Tax.	ntangible ☑Yes □No	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
		81 Name	·		
Kountz, Richard 1628 Lake Heron Dr		82 Street Addr	Street Address (P.O. Box Number is Not Acceptable)		
LUTZ FL 33549		83			
•	•	84 City	FL	85 Zip Code	
	100 4 COZ 4500 Fledde Chatutan the s	have named com	posstion submits this statement for the numose of	f changing its registered	

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ DELETE 1.1 TITLE ☐ Change TITLE **KOUNTZ, RICHARD** 12 NAME NAME 1628 LAKE HERON DR 1.3 STREET ADDRESS STREET ADDRESS 3354<u>9-8769</u> LUTZ FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ۷T □ DELETE 2.1 TITLE KOUNTZ, RITA 2.2 NAME NAME 1628 LAKE HERON DR 2.3 STREET ADDRESS STREET ADDRESS 33549-876 LUTZ FL 2. 4 CITY-ST-ZIP CITY-ST-ZIF Addition DELETE S HULL JONATHAN 3.1 TITLE TITLE NAME **HULL. ALLAN** 3.2 NAME 6505 WILSON MILLS RD. 3.3 STREET ADDRESS STREET ADDRESS **CLEVELAND OH 44143** 34 CiTY-ST-7IP CITY-ST-ZIP Addition ☐ Change ☐ DELETE 4.1 TITLE TITLE 4, 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP C/TY-ST-ZIP ☐ Addition DELETE ☐ Change TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADORESS 5 4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE ☐ Change Addition DELETE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-7IP

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 with all other like empowered.

SIGNATURE:

3/15-/99 (813) 948-6340

CR2F034 (11/98)