FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

N95000000106 (3) **DOCUMENT #**

COUNTERATTACK-BREVARD, INC.

COUNTERATTACK-BREVARD, INC.						
Principal Plac	ce of Business	Mailing Address		I iddities ein iaidt atter aum anne e		
427 NORTH PRIMROSE DRIVE 427 NORTH PRIMROSE DRIVE			IIVE			
ORLANDO FL 32803		ORLANDO FL 32903			100 0	ate of Last Report
				 Date Incorporated or Qualified 01/09/1995 	Ja. U	
		2a. Maling Address		4. FEI Number		Applied For
2. Principal Place of Business		26		593339790		Not Applicable
Suite, Apt #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	KK -	\$8.75 Additional Fee Required
22		Crty & State		6, Election Campaign Financing		\$5.00 May Be
City & State		City & State		Trest Fund Contribution		Added to Fees
23		Zip 7.ip	Country	8. This corporation has liability for	intangible_t	tax under s. 199.032.
Zφ	Country	L '	30	Flooda Statutes	_ YesxL	xt No
24	25 g. Name and Address of Cu	14-91		10. Name and Address of New R	legistered	Agent
	g. Name and Addition of the		81 Name			
LEIGH, RICHARD A			82 Street Ac	82 Street Address (P.O. Box Number is Not Acceptable)		
			Greech	OF COLUMN STATE		
	PINE STREET		83			
ORLA	NDO FL 32801		84 City			85 Zip Code
			1 ' 1 '		F	L
11. Pursua or regis familiar	ant to the provisions of Sections 617, stered agent, or both, in the State of r with, and accept the obligations of,	0502 and 617.1508, Florida Statutes Florida Such change was authorized Section 617.0503, Florida Statutes.	, the above named corp d by the corporation's b	poration submits this statement for the purposed of directors. I hereby accept the app		nanging its registered office as registered agent. I am
SIGNATUR	Styriature, Speed or prorted name of registerer	Lagent and title if apply about (NOTE	Hegistered Agent's gnature req	read when renstating	DATE	ND DIDLOTORS IN 12
12.		S AND DIRECTORS	13.	ADDITIONS CHANGES TO OF	HOLES A	Change Addition
TITLE	PD	XX DELETE	1 1 TITLE	VD		C1 -100-8- XX
NAME	BRODE, GERALD		. 1.2 NAME	OCKWIG, STANLEY		
STREET ADDRE			1.3 STREET ADDRESS	5715 MAJOR BLVD		
CITY-ST-ZIP	ORLANDO FL 32855-583	7	14 CITY - ST-ZIP	ORLANDO, FL 32819		Change Addition
TITLE	MX PD	DELETE	2.1 TITLE	TD		—
NAME	CASTLE, GARY		2.2 NAME	BROWN, ROBERT, SR.		
STREET ADDR	THE PLANT OF THE PROPERTY	RIVE	2.3 STREET ADDRESS	4001 FORSYTH RD.	792	
CITY -ST - ZIP	001 44100 EL 00000		2 4 CiTY - ST - ZIF	WINTER PARK, FL 32	174	☐ Change ☐ Addition
TITLE	TD	x SZ ^{OELETE}	3.1 TiTLE			
NAME	DINGELDEY, PETER E		3.2 NAME			
STREET ADDR			3 3 STREET ADORESS			
SINCEL AUUF	TOOL TOOL MEDICANICALISM					

555 W. PINELOCH AVE. STREET ADDRESS 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 certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

34 CITY-ST-ZIP

4 3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

4.4 CITY - \$1 - ZIP

4.1 TITLE

4. 2 NAME

51THE

5.2 NAME

61 THLE

6.2 NAME

CITY - ST - ZIP

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

ORLANDO FL 32819

WALSH, FREDERICK J

ORLANDO FL 32803

PD

427 N. PRIMEROSE DR.

1421 NOTTINGHAM ST

ORLANDO FL 32803

BEARY, KEVIN

KULMANN, CHARLES (PAST)

DELETE

XX DELETE

XX DELETE

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Change

Change

Change

☐ Addition

Add-tion

Addition

CR2E037 (12/95)