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FILED

May 01 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000000106 (3)

1. Corporation Name

COUNTERATTACK-BREVARD, INC.



Principal Place of Business

427 NORTH PRIMROSE DRIVE
ORLANDO FL 32803

Mailing Address

427 NORTH PRIMROSE DRIVE
ORLANDO FL 32803-50123. Date Incorporated or Qualified
01/09/19953a. Date of Last Report
04/19/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

4. FEI Number
59-3369790Applied For
Not Applicable

5. Certificate of Status Desired

☒\$8.75 Additional
Fee Required

23 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees

24 Zip

25 Country

28 Zip

30 Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LEIGH, RICHARD A
39 W. PINE STREET
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VD
NAME OCKWIG, STANLEY
STREET ADDRESS 5715 MAJOR BLVD
CITY-ST-ZIP ORLANDO FL ☐ DELETETITLE VD
NAME CASTLE, GARY
STREET ADDRESS 7101 LAKE ELLENOR DRIVE
CITY-ST-ZIP ORLANDO FL 32809 ☐ DELETETITLE TD
NAME BROWN, ROBERT SR
STREET ADDRESS 4001 FORSYTH RD
CITY-ST-ZIP WINTER PARK FL ☒ DELETETITLE S
NAME WALSH, FREDERICK J
STREET ADDRESS 427 N. PRIMROSE DR.
CITY-ST-ZIP ORLANDO FL 32803 ☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME OCKWIG, STANLEY ☒ Change ☐ Addition
1.3 STREET ADDRESS 4940 CASPIAN CT.
1.4 CITY-ST-ZIP ORLANDO, FL 328192.1 TITLE VD
2.2 NAME CASTLE, GARY ☒ Change ☐ Addition
2.3 STREET ADDRESS 8501 Commodity Cir.
2.4 CITY-ST-ZIP ORLANDO, FL 328193.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition4.1 TITLE ST
4.2 NAME WALSH, FREDERICK ☒ Change ☐ Addition
4.3 STREET ADDRESS 427 N. PRIMROSE DR.
4.4 CITY-ST-ZIP ORLANDO, FL 328035.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0016388

CR2E037 (9/96)