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Jul 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra E. Northam Secretary of State DIVISION OF CORPORATIONS
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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**



3. Date Incorporated or Qualified

01/09/1995

4. FEI Number
59-3368659

Applied For
Not Applicable

2. Principal Place of Business

21
Suite, Apt. #, etc.

22
City & State

23
Zip

Country

24

2a. Mailing Address

26
Suite, Apt. #, etc.

27
City & State

28
Zip

Country

30

6. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

8. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ 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

WALSH, FREDERICK J

82 Street Address (P.O. Box Number is Not Acceptable)
427 N. PRIMROSE DR

83

84 City

ORLANDO

FL

85 Zip Code
32803

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 **Frederick J. Walsh**

April 14, 1998

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 **D** ☒ DELETE

NAME **OCKWIG, STANLEY**
STREET ADDRESS **4940 CASPIAN CT**
CITY-ST-ZIP **ORLANDO FL**

TITLE **D** ☒ DELETE

NAME **CASTLE, GARY**
STREET ADDRESS **8501 COMMODITY CIR.**
CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ DELETE

NAME **WALSH, FREDERICK J**
STREET ADDRESS **427 N. PRIMROSE DR.**
CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☒ Addition

1.2 NAME **OCKWIG, STANLEY**
1.3 STREET ADDRESS **4940 CASPIAN COURT**
1.4 CITY-ST-ZIP **ORLANDO FL**

2.1 TITLE **D** ☐ Change ☒ Addition

2.2 NAME **CASTLE, GARY**
2.3 STREET ADDRESS **8501 COMMODITY CIRCLE**
2.4 CITY-ST-ZIP **ORLANDO FL**

3.1 TITLE **OFFICER** ☒ Change ☐ Addition

3.2 NAME **WALSH, FREDERICK J**
3.3 STREET ADDRESS **427 N PRIMROSE DR**
3.4 CITY-ST-ZIP **ORLANDO FL 32803**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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

SIGNATURE:

FREDERICK J. WALSH

CR2E037 (10/97)