

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

FILED

Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P28118** (8)

1. Corporation Name
CONTRAVES INC.

Principal Place of Business
**615 EPSILON DR
PITTSBURGH PA 15236-2808**

Mailing Address
**615 EPSILON DR
PITTSBURGH PA 15236-2807**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/09/1990	3a. Date of Last Report 10/10/1996
21		26		4. FEI Number 25-1254333	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
City & State		City & State		6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

8. Name and Address of Current Registered Agent

**RAYMOND D JOHNSON
5902 BRECKENRIDGE PARKWAY
TAMPA FL 33610-4233**

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 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

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

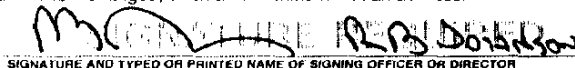
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	DORKHOM, GEORGE H	1.2 NAME	
STREET ADDRESS	2141 HAYMAKER RD	1.3 STREET ADDRESS	
CITY - ST - ZIP	MONROEVILLE PA	1.4 CITY - ST - ZIP	
TITLE	M ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BALDINI, NICKI	2.2 NAME	
STREET ADDRESS	10191 SUDBERRY DR	2.3 STREET ADDRESS	
CITY - ST - ZIP	WEXFORD PA	2.4 CITY - ST - ZIP	
TITLE	M ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, RAYMOND	3.2 NAME	
STREET ADDRESS	5012 BELMONT ROAD	3.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL 33647	3.4 CITY - ST - ZIP	
TITLE	V ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MONTALBANO, JOSEPH	4.2 NAME	
STREET ADDRESS	13405 BLADON ROAD	4.3 STREET ADDRESS	
CITY - ST - ZIP	PHOENIX MD 21131	4.4 CITY - ST - ZIP	
TITLE	S ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	GENTILE, PASQUALE	5.2 NAME	
STREET ADDRESS	6708 WILKEN AVENUE	5.3 STREET ADDRESS	
CITY - ST - ZIP	PITTSBURGH PA 15217	5.4 CITY - ST - ZIP	
TITLE	M ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	ZINO, JOSEPH	6.2 NAME	
STREET ADDRESS	106 BEDFORD COURT	6.3 STREET ADDRESS	
CITY - ST - ZIP	MARS PA	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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 15, 1997 (813) 628-6100
Date Daytime Phone

0007326

CR2E034 (9/96)