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

PROFIT **CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000037334 (8)

COUNTERTOP PRODUCTIONS, INC.

Principal Pl	ace of	Business
914 SE 13TH	PLAC	E

Mailing Address

FILED Feb 26 1997 8:00am Secretary of State



914 SE 13TH PLACE CAPE CORAL FL 33990		914 SE 13TH PLACE CAPE CORAL FL 33990-3019						
				3. Date Incorporated or Qualified 05/24/1993	3a. Date of Last 05/01/1996	3a. Date of Last Report 05/01/1996		
2. Principal f	Place of Business	2a. Mailing Address			4. FEI Number		Applied For	
21		26			65-0419913		Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27				5. Certificate of Status Desired Fee Required				
City & Star	te	City & State			6. Election Campaign Financing Trust Fund Contribution		O May Be d to Fees	
Zip 24	Country 25	Zip 29	Countr 30	у	8. This corporation has liability for intangible tax under s. 199 032, Florida Statutes ☐ Yes ☐ No			
	9. Name and Address of Curr	ent Registered Agent	8	T 50	10. Name and Address of New Reg	istered Agent		
	, WILLIAM T		8	Name				
	D PELICAN BLVD. PE CORAL FL 33914		82		Iress (P.O. Box Number is Not Acceptabl	e)		
			6:					
			84	City		FL 85 Zi	p Code	
office or		ite of Florida. Such change was	authorized b	v the corpora	poration submits this statement for the pation's board of directors. I hereby accep			
SIGNATURE						DATE		
12.	Signature, typed or per test name of registered. OFFICERS A	AND DIRECTORS	13.	Jent signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFIC		ORS IN 12	
1-TLE	D	DELETE	1,1 TITLE		7,5517,575,757,757	Change		
NAME	GAUBEART, HARRY J		1.2 NAME	}				
STREET ADDRESS	ALL OF JATU DI LOF			T ADDRESS				
City - S1 - 20	CAPE CORAL FL 33990		1.4 CITY -	Į.				
THE	D	DELETE	2.1 TITLE			Chang	e 🔲 Addition	
NAME	GAUBEART, CHRISTINE A		2.2 NAME					
STEEFT ADDRESS	914 SE 13TH PLACE		2.3 STREE	T ADDRESS				
COTY-ST-ZIP	CAPE CORAL FL 33990		2 4 CITY	-ST-ZIP				
TITLE		DELETE	31 TITLE			☐ Chang	e 🔲 Addition	
NAME			3,2 NAME					
STREET ADDRESS			3.3 STREE	T ADDRESS				
C-TY - S1 - ZIP			3.4. CITY	-ST-ZIP				
TITLE		DELETE	4,1 TITLE			Chang	e 🔲 Addition	
NAME			4, 2 NAM	:				
STREET ADDRESS			4.3 STREI	T ADDRESS				
C(TY - S1 - 71P			4.4 CITY-					
TITLÉ		DELETE	5.1 TITLE			Chang	e	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STRE	T ADDRESS				
CHTY - ST - 71P	, v	T 50, 500	5.4 CiTY-			F 1 2		
Til.F		☐ DELETE	61 THILE	Į.		Chang	e L Addition	
NAME			62 NAME					
STREET ADDRESS				T ADDRESS				
CITY-SI-ZP			64 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 inscated 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.