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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## FILED Apr 14 1998 8:00am Secretary of State

DOCUMENT # P93000037334 (8) COUNTERTOP PRODUCTIONS, INC.						¥ 1344 (334 (44) 141 441
Principal Place of Business Mailing Address					L LEBINGES AID COURT TITLE OBEIT BEITE SEACH BEIED AIL	ii 1900 uice 1611 aini 1801
914 SE 13TH PLACE CAPE CORAL FL 33990			914 SE 13TH PLACE CAPE CORAL FL 33990			
ONFC OUTL	11.0000	OAFE COME	L 33330		DO NOT WRITE IN THIS	SPACE
					3. Date Incorporated or Qualified	
2. Principal Place of Business 2s. Mailing Address			dress		05/24/1993 4. FEI Number	Applied For
21		26	26		65-0419913	Not Applicable
<del> </del>		Suite, Apt.	#, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State			City & State		A 51-12-0	Fee Required
23 Only & State	,	28	,		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Ζιρ		ountry	8. This corporation owes or has paid the cu	rrent year Intangible
24	25	29	30	<del></del>		Yes No
	9. Name and Address of Curr	ent Registered Agent		B1 Name	10. Name and Address of New Registered	Agent
EDY, WILLIAM T 5400 PELICAN BLVD. CAPE CORAL FL 33914					idress (P.Ö. Box Number is Not Acceptable)	
				64 City	FL	85 Zip Code
11. Pursuant I office or re agent. I ar	o the provisions of Sections 607.0 egistered agent, or both, in the Sta n familiar with, and accept the obli	502 and 607.1508, Flo ite of Florida. Such cha igations of, Section 60	rida Statutes, the inge was authoriz 7.0505, Florida St	above-named co ed by the corpor atutes.	orporation submits this statement for the purpose cration's board of directors. I hereby accept the app	f changing its registered pointment as registered
SIGNATURE			WOYE D		guired when reinstating) DATE	
12.	Signature, typed or printed name of registered a OFFICERS A	ND DIRECTORS	I 13		aulired when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS ANI	D DIRECTORS IN 12
TITLE	D		DELETE 1.1	TITLE		☐ Change ☐ Addition
NAME ]	GAUBEART, HARRY J		1.2	NAME		3
STREET ADDRESS	914 SE 13TH PLACE			STREET ADDRESS		ļ,
CITY-ST-ZIP	CAPE CORAL FL 33990			CITY-ST-ZIP		D Obenie D Laderier (
TITLE NAME	d Gaubeart, Christine A	السا		TITLE NAME		Change Addition C
STREET ADDRESS	914 SE 13TH PLACE			STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL 33990			CITY-ST-ZIP		
TITLE				TITLE		Change Addition
NAME			3.2	NAME		1
STREET ADDRESS			3.3	STREET ADDRESS		
CITY-ST-ZIP			·	CITY-ST-ZIP		1449
TITLE		البا		TITLE		Change Addition
NAME STREET ADDRESS				NAME Street address		
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE				TITLE		Change Addition
NAME		_		NAME		. –
STREET ADDRESS			5,3	STREET ADDRESS		]
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE				TITLE		Change Addition
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP			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 frue 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: Ca gaubeart Cherstine A. Combourt-lice President 4/6/98