

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

FILED

Feb 10 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000009777 (0)

1. Corporation Name

COUNTERSTRIKE, INC.



Principal Place of Business

4300 SO. US. HIGHWAY 1  
STE. 203-324  
JUPITER FL 33477

Mailing Address

4300 SO. US. HIGHWAY 1  
STE. 203-324  
JUPITER FL 33477-1124

3. Date Incorporated or Qualified  
02/01/1995

3a. Date of Last Report  
03/13/1996

2. Principal Place of Business

21 8342 J.E. SANCTUARY  
Dr.

Suite, Apt. #, etc.

22 City & State

23 HOBE SOUND, FL

24 33455

Country

25 MARTIN

2a. Mailing Address

26 4300 So. U.S. Highway 1

Suite, Apt. #, etc.

27 Ste. 203-324

28 Jupiter, FL

29 33477

Country

30 Palm Beach

4. FEI Number

65-0566497

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

KELLY, KATHLEEN  
1400 VILLAGE BLVD. STE. 230  
JUPITER FL 33409

Change of Address

10. Name and Address of New Registered Agent

81 Name

KATHLEEN KELLY

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

83 8342 J.E. SANCTUARY Dr.

84 City

HOBE SOUND

FL

85 Zip Code

33455

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, of 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: *Kathleen Kelly*  
Signature, typed or printed name of registered agent and title if applicable

(If U.S. Registered Agent signature required when reinstating)

1/24/97  
DATE

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE

NAME KELLY, KATHLEEN  
STREET ADDRESS 4300 SO. US. HIGHWAY 1 #203-204  
CITY-ST-ZIP JUPITER FL 33477

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 PRESIDENT ☒ Change ☐ Addition

1.2 NAME KATHLEEN KELLY  
1.3 STREET ADDRESS 8342 J.E. SANCTUARY Dr.  
1.4 CITY-ST-ZIP HOBE SOUND, FL 33455

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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 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: *Kathleen Kelly*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

1/24/97 (561)546-8393  
Daytime Phone #

CR2E034 (9/96)