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FILED
May 14 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 # P95000080362 (3)

1. Corporation Name

COUNTER-TOPS ONLY INC.

Principal Place of Business

22995 STATE ROAD 7, #109
BOCA RATON FL 33428

Mailing Address

22995 STATE ROAD 7, #109
BOCA RATON FL 33428-5431

* New Address

2. Principal Place of Business

21 9858 GLADES RD.

Suite, Apt. #, etc.

22 SUITE 169

City & State

23 BOCA RATON, FL

Zip

24 33434

Country

25 USA

2a. Mailing Address

26 9858 GLADES RD.

Suite, Apt. #, etc.

27 SUITE 169

City & State

28 BOCA RATON, FL

Zip

29 33434

Country

30 USA

3. Date Incorporated or Qualified

10/16/1995

3a. Date of Last Report

04/15/1996

4. FEI Number

65-0611913

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

STRAUS, LAWRENCE
22995 STATE ROAD 7, #109
BOCA RATON FL 33428

10. Name and Address of New Registered Agent

81 Name

STRAUS, LAWRENCE

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

9858 GLADES ROAD

83

SUITE 169

84 City

BOCA RATON

FL

85 Zip Code

33434

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 *L. Straus*

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

(NOTE: Registered Agent signature required when reinstating)

4 X-29-97
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME STRAUS, LAWRENCE New Address

STREET ADDRESS 22995 STATE ROAD 7, #109

CITY-ST-ZIP BOCA RATON FL 33428

TITLE ☐ DELETE

NAME STRAUS, ARLENE

STREET ADDRESS 22995 STATE ROAD 7, #109

CITY-ST-ZIP BOCA RATON FL 33428

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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.

CR2E034 (9/96)