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**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Kather ne Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90040 027 \*\*\*150.00

## DOCUMENT # **P95000080362** 1. Corporation Name

COUNTER-TOPS ONLY INC.

Principal Place	e of Business	Mailing Address					1 10011000	<b>                                   </b>	I) BUIT UBIII U			IIŞD IIBI (BBI
9858 GLADES RD		9858 GLADES RD										
STE 169		STE 169				DO NOT MORE IN THE SPACE						
BOCA RATON FL 33434 US		BOCA RATON FL 33434 US			-	DO NOT WRITE IN TH S SPACE  3. Date Incorporated or Qualified						
00		•				3.	10/16/199					
2 Principal Pl	ace of Business	2a. Mailing Address				4.	FEI Number				App	lied For
21		26					65-061191	13			Not	Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				~-	Certificate of S			\$8.	75 A	lditional -
22		27				5.	Certificate of s	Status Desired		Fe	e Rec	uired
City & S ate		City & State				6.	Electio i Cam	paign Financir	ng 🗇			1ay Be
23		28					Trust Fund C				ded to	Fees
Zip	Country	Zip		ountry		8.	This ocrporati		current year		I.	JNo
24	25	29	30				Personal Prop		w Posietor	Yes		7100
	9. Name and Address of Currer	nt Registered Agent		81	Name		Name and A	agress of Ne	w Kegister	eu Agein		
STR	AUS, LAWRENCE				T dano							
9858 GLADES RD						Acdress (P	P.O. Box Numb	er is Not Acce	eptable)			
STE	169			83								
BOC	A RATON FL 33434										<del></del> -	
				84	City				F	• L	Zip C:	
11. Pursuant	to the provisions of Sections 607.050 egistered agent or both, in the State m familiar with, and accept the obligations.	02 and 607/1508, Florida Sta	iti tes, the	above	-named	corporation	n submits this	statement for	the purpose	of changin	g its i	egistered
office or re	egistered agent/or both, in the State	cf Florida, Such change wa ations of Stetion 607,0505.	s authoriz Florida Sta	ed by atutes.	the corp	poration's bo	pard of director	rs. I hereby ac	ccept the ap	qiointment a	as regi	istered
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	VAIIIAL .	An au										
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14. I here by certify that the information supplied with this filing does not qualify for the semption 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 me receiver or trustee empowered to specific this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change 1, or many attachment with an address, with a former like empowered

SIGNATURE: