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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700060359

COUNTERMEASURES INTERNATIONAL INC.

FILED Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90003 036 ***155.00



				_					
Principal Place	e of Business	Mailing Address				11 68111 28114 63116			
1004 NORTH OCEAN DRIVE 1004 NORTH OCEAN DRIVE							•		
HOLLYWOOD FL 33019 HOLLYWOOD FL 33019					DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Quali		UI AUL		
					07/10/1997			1	
2 Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Apr	plied For	
21 1844 N. NOB HILL RO 26 1844 N. NO				LRO.	65-0775805			t Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.			71.1-				\$8.75 A		
22 Sur 145 27 Sur 145					5. Certifcate of Status Desired	ı 🖵	Fee Re	I .	
City & State City & State					6. Election Campaign Financi	ng NG	\$5.00	May Be	
23 PLANTATION, FC. 28 PLANTATION			, FL.		Trust Fund Contribution	, X1	Added to		
Zip	Country	Zip	Country	······································	8. This corporation owes the	current year In			
24 3332	-2 BROWARD	29 33322 30	BRO	w 2020	Personal Property Tax.		☐ Yes	☑ No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of No	w Registered	Agent		
215	ONE DAIGHT		81 1	Name ~	ALPLJ. CAPON	<i>4.</i>		1	
CAPONE, RALPH J				CO Company (DO Doublember in Not Assessable)					
1004 NORTH OCEAN DRIVE				1844	N. NOB	H, LL -	Kp		
HOLLYWOOD FL 33019				C	ta 145			ļ	
			84 (، سر ۱۳۷۷	14 143		85 Zip C	ode	
				PLANT	1A110~	FL	333	22	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above-n	amed corpo	pration submits this statement for	the purpose of	changing its	registered_	
office or r	registered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was auth ons of, Section 607.0505, Florida	ionzed by the a Statutes.	e corporation	it's board of directors, I flereby at	cept the appo	illineik as reģ	Jistered	
SIGNATURE	/~/ // / / / / / /		<u> </u>	-99	Į.				
SIGNATURE Signature, typed opprinted name gregistered agent and title if applicable. (NOTE: Registered Agent signature required w						UAIE			
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO	OFFICERS A			
TITLE	DPS	DELETE	1.1 TITLE	γ.	PROS SPONE, John V.		☐ Change	Addition	
NAME	CAPONE, RALPH J		1.2 NAME	CA	LU B. NOB HILL	20.5	w.77 14	15	
STREET ADDRESS	1004 NORTH OCEAN DRIVE		1.3 STREET AD	1.74	//	-3300	·		
CITY-ST-ZIP	HOLLYWOOD FL 33019		1.4 CITY-ST-Z	P PL	ANIATION, FL	3332	<u></u>		
TITLE	CAPONE, KALPL -]. □ DELETE	2.1 TITLE	بكرا	16.		Change	Addition	
NAME	1844 D. NOS 1	TILL MAD.	2.2 NAME	K	ABINO, STEVE	\mathcal{Q}_{0}	C. 🖘	140	
STREET ADDRESS	Swite 145		2.3 STREET AD	DRESS / 🛭	144 No. NOW HILL		JUL. 7 4 1	′′°	
CITY-ST-ZIP	PLANTATION, FL.	33322	2. 4 CITY-ST-Z		ANTATION, PL.	33322			
TITLE	V. FRES.	☐ DELETE	3.1 TITLE	ľ	•		Change	☐ Addition	
NAME	CAPONE, John V.	fill Ro. Suits	3.2 NAME		the state of				
STREET ADDRESS	1844 W. NOB 1		3.3 STREET AD	ORESS					
CITY-ST-ZIP	PLASTATION, FL.	33322	3 4, CITY-ST-Z	ZIP	Oli ten men				
TITLE	5.44:	DELETE	4.1 TITLE				Change	Addition	
NAME	RUBINO, STEVE	L RO SwiTE 145	4.2 NAME	1				Ì	
STREET ADDRESS	11 23 T T T T T T T T T T T T T T T T T T		4.3 STREET AL	DORESS					
CITY-ST-ZIP	PLASTATION FL. 33	322	4.4 CITY-ST-Z	IP .					
TITLE	ſ <i>'</i>	☐ DELETE	5.1 TITLE		·.		Change	Addition	
NAME			5.2 NAME	1			•		
STREET ADDRESS	·		5.3 STREET AD	ì					
CITY-ST-ZIP			5.4 CITY-ST-Z	IP P					
TITLE		DELETE	6.1 TITLE				Change	Addition	
NAME			6.2 NAME			•			
STREET ADDRESS			6.3 STREET AE	DDRESS					
CITY-ST-ZIP			6.4 CITY-ST-Z	IP					

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 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, with all other like empowered.

SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR

1-25-95 954-424-9934
Date Daytime Phone #