


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

**FILED**  
**Jul 22, 1999 8:00 am**  
**Secretary of State**

07-22-1999 90009 050 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <i>98000103593</i>			
1. Corporation Name <i>COUNTER MEASURES OF FLORIDA, INC.</i>			
Principal Place of Business <i>PMB 181 222 LAKEVIEW AVENUE WEST PALM BEACH, FL 33401</i>		Mailing Address	
2. Principal Place of Business		2a. Mailing Address	
21	26	4. FEI Number <i>65-0879793</i>	
Suite, Apt. #, etc.		Applied For Not Applicable	
22	27	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
23	28	8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Zip Country		30	
24	25	29	
9. Name and Address of Current Registered Agent <i>GUNNAR D. CHRISTENSEN, PMB 181 222 LAKEVIEW AVE #160 WEST PALM BEACH, FL 33401</i>		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 Zip Code		FL	
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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<i>PRES.</i> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>GUNNAR D. CHRISTENSEN, PMB 181</i>	1.2 NAME	
STREET ADDRESS	<i>222 LAKEVIEW AVE #160</i>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<i>WEST PALM BEACH, FL 33401</i>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 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 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*7/15/99*  
Date

*561-832-6880*  
Daytime Phone #

CR2E034 (11/98)

# COUNTERMEASURES

*Investigations / Surveillance, Inc.*

222 Lakeview Avenue, Suite 160-181 • West Palm Beach, FL 33401  
Tel 561.832.6880 • Fax 561.832.1577 • Toll Free 800.291.8666  
Email [insight@bigfoot.com](mailto:insight@bigfoot.com)

593644-90009-80  
P98000103593

July 15, 1999

Division of Corporations  
Annual Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

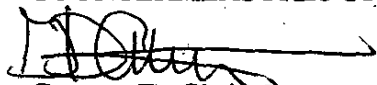
To Whom It May Concern:

Enclosed please find our Profit Corporation Annual Report for Countermeasures of Florida, Inc. Just last month, June 1999, we received our Second Notice for filing; however, we never received the first notice. I have enclosed the Annual Report and our company check in the amount of \$150 for our annual filing.

Please contact me at 561-832-6880 should you have any questions.

Sincerely,

COUNTERMEASURES OF FLORIDA, INC.

  
Gunnar D. Christensen  
President

GDC:jlc

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Leo Chupron, Jr.  
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