

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 12 PM 11:26

DOCUMENT # **L71220** (2)
1. Corporation Name
OSIRIS HOLDING OF FLORIDA, INC.

Principal Place of Business	Mailing Address
% C T CORPORATION SYSTEM 8751 WEST BROWARD BLVD. PLANTATION FL 33324	% C T CORPORATION SYSTEM 8751 WEST BROWARD BLVD. PLANTATION FL 33324

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/08/1990** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 1701 ALTON RD	26 383 STREET RD. EAST	65-0206312	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc	5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
23 MIAMI BEACH, FL	28 TREVOSE GA	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24 33139	25 USA	29 19053	30 USA

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		81 Name			
		82 Street Address (P.O. Box Number is Not Acceptable)			
		83			
		84 City	FL	85 Zip Code	

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

Signature of Registered Agent, Registered Agent and the Registered Agent

Signature of Registered Agent registered after incorporation

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, LAWRENCE	1.2 NAME	
STREET ADDRESS	383 STREET ROAD EAST	1.3 STREET ADDRESS	
CITY & STATE	TREVOSE PA	1.4 CITY & STATE	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHANE, WILLIAM	2.2 NAME	
STREET ADDRESS	383 STREET ROAD EAST	2.3 STREET ADDRESS	
CITY & STATE	TREVOSE PA	2.4 CITY & STATE	
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESNER, GERALD	3.2 NAME	
STREET ADDRESS	383 STREET ROAD EAST	3.3 STREET ADDRESS	
CITY & STATE	TREVOSE PA	3.4 CITY & STATE	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY & STATE		4.4 CITY & STATE	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY & STATE		5.4 CITY & STATE	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY & STATE		6.4 CITY & STATE	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.02(3)(b), Florida Statutes. I further certify that the information indicated on this annual report is supplemental information, reports, fees and a certificate 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 its successor or trustee or financial agent or that my signature is required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on another report with a release.

SIGNATURE: *William R. Shanley*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
WILLIAM R. SHANLEY, Vice President/Treasurer

3/28/95

(215) 361-1770