

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0120501

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P93000064548 (9)

1. Corporation Name
 OSPREY INVESTMENTS, INC.



Principal Place of Business
 ONE INDEPENDENT DR.
 SUITE 2201
 JACKSONVILLE FL 32202
 US

Mailing Address
 OEN INDEPENDENT DR.
 SUITE 2201
 JACKSONVILLE FL 32202
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 1050 Riverside Ave.
 Suite, Apt. #, etc.

2a. Mailing Address
 26 1050 Riverside Ave.
 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip 32204 25 Country

29 Zip 32204 30 Country

3. Date Incorporated or Qualified
 09/16/1993

4. FEI Number 59-3201719 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

SMATHERS, BRUCE A
 ONE INDEPENDENT DR.
 SUITE 2201
 JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number, is Not Acceptable)
 1050 Riverside Ave.
 83
 84 City
 85 Zip Code
 FL 32204

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PT	<input type="checkbox"/> DELETE
NAME	SMATHERS, BRUCE A	
STREET ADDRESS	ONE INDEPENDENT DR., #2201	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DRAWDY, EELLEY A	
STREET ADDRESS	2777 GRANITE RIDGE CT.	
CITY-ST-ZIP	ORANGE PARK FL 32065	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1050 Riverside Ave.
1.4 CITY-ST-ZIP	32204
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DRAWDY, KELLEY
2.3 STREET ADDRESS	2937 Doctors Lake Drive
2.4 CITY-ST-ZIP	32073
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(l), 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.

SIGNATURE: *Bruce A. Smathers* 7-30-98 901-374-3632

CR2E034 (5/98)