FILE NOW: FILING FEE PROFIT CORPORATION ANNUAL REPORT 1996	FLORIDA DEPAR Sandra B Socretan DIVISION OF C	TMENT OF STATE Mortham y of State		
DOCUMENT # 57794				
BILL OSBORNE ENTERPRISES, IN	С.			
Principal Place of Business	Mailing Address			
13523 - 78TH AVE SEMINOLE FL 34646-3433	13523 - 78TH AVE SEMINOLE FL 34646-3433	)		
			3. Date Incorporated or Qualified         3a. Date of Last Report           06/30/1978         01/24/1995	
2. Principal Place of Business 21	2a. Mailing Address 26		4. FEI Number Applied For 59-1879138 Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	······	5. Certilicate of Status Desired \$8.75 Additional	1
City & State	City & State		6. Election Campaign Financing \$5.00 May Be	-
23 Zip Country	Zip	Country	Trust Fund Contribution         Added to Fees           8. This corporation has liability for intangible tax under s. 190.032,	
24 25 9. Name and Address of Current	29 ::::::::::::::::::::::::::::::::::::	30	Florida Statutes Yes No 10. Name and Address of New Registered Agent	
<ul> <li>100 2ND AVE. SO., STE. 701 CITY CENTER BLDG. ST PETERSBURG FL 33701</li> <li>11. Pursuant to the provisions of Sections 007.0502 or registered agent, or both, in the State of Florid familiar writh, and accept the obligations of, Sections SIGNATURE</li> </ul>	hom	83 84 City the above named corporation's boar	ess (P.O. Box Number is Not Acceptable) <b>FL</b> 85 Zip Code aborn submits this statement for the purpose of changing its registered office d of directors. Thereby accept the appointment as registered agent. Fam 44-1-96	
12. OFFICERS AND		Registeriol Agent signature required	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	(12/95)
TITLE P NAME OSBORNE, T. WILLIAM	DELETE	1 1 TITLE 12 NAME	Change 🛄 Addition	4 (12
STREET ADDRESS 13523 78TH AVENUE		1.3 STREET ADDRESS		2E034 (
CITY-ST-ZIP SEMINOLE FL TITLE D	T] DELETE	1.4 CH Y - ST - ZIP 2.1 TITLE	Change Addition	- R
NAME OSBORNE, DELORES A. STREET ADDRESS 13523 78TH AVENUE		2 2 NAME 2 3 STREET ADDRESS		
CITY-ST-ZIP SEMINOLE FL TITLE	DELETE	2.4 CITY - ST - ZIP 3.1 TITLE	Change 🗖 Addition	_
NAME		3.2 NAME		
STREFT ADDRESS CHY-ST-ZIP		3.3 STREET ADDRESS 3.4 CITY - ST - ZIP		
THLE	DELETE	4. 1 TITLE	Change Addition	-
NAME STREET ADDRESS		4.2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP TILE		44 CITY - ST - ZIP		
NAME	DELFTE	5 ' TITLE 52 NAME	🗋 Change 📋 Addition	
STREET ADDRESS		5 3 STREET ADORESS		
CITY-S1-ZIP TITAF	DELETE	54 CITY-ST-ZIP 6-1 TITLE	🗋 Change 🔲 Addilion	
NAME		6.2 NAME		
STRELT ADDRESS C-TY-ST-ZiP		6.3 STREET ADDRESS		
14. I do hereby certify that the information supplied will certify that the information indicated on this annual	report or supplemental annual i	report is true and accurate	r the exemption stated in Section 119.07(3)(k), Florida Statutes. I further e and that my signature shall have the same legal offect as if made under 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	inprovietied to execute this	report as required by Chapter 607, Florida Statutes; and that my name $4 - 1 - 26$	