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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 604580

(1)

HOWARD C. OSTERMAN, INC.

Principal Place of Business Mailing Address 7777 GLADES ROAD 7777 GLADES ROAD SUITE 211 SUITE 211 **BOCA RATON FL 33434 BOCA RATON FL 33434-4150** 3a. Date of Last Report 3. Date Incorporated or Qualified 07/24/1973 06/13/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 26 59-1478734 21 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 28 Trust Fund Contribution Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 30 Florida Statutes 25 29 Name and Address of New Registered Agent g. Name and Address of Current Registered Agent Name 61 OSTERMAN, ESQ. HOWARD C. 7777 GLADES ROAD 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 211 В3 MARGATE FL 33434 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 96/6) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Addition TITLE **PSD** DELETE 1.1 TITLE Change NAME OSTERMAN, HOWARD C. 1.2 NAME 7777 GLADES RD #211 1.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 City-ST-ZIP DELETE ☐ Addition Change 3 1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change ___ Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS City-St-7iP 5.4 CITY - ST - ZIP DELETE ☐ Change Addition TITLE 6.1 TITLE NAME 6.2 NAME

> **6.3 STREET ADDRESS** 6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not quality 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 charged, or on an attachment with an address.

FILED

Feb 04 1997 8:00am

Secretary of State