FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00					FILED	
COF	PROFIT RPORATION JAL REPORT		FLORIDA DEPARTA Sandra B. I	Mortham	Jan 27 1998	_
7 11 43 44	1998		Secretary of DIVISION OF CO		Secretary of	of State
DOCU 1. Corporation	MENT #	604580	(1)			,
HOW	ARD C. OSTERI	MAN, INC.			E KORAJA BIJIA DENIA BARBI BAJARA KARIJ BAJA BAJA	#### #### ############################
Principal Plac	e of Business	Ma	illing Address			
7777 GLAD SUITE 211 BOCA RAT	DES ROAD ON FL 33434		7777 GLADES ROAD SUITE 211 BOCA RATON FL 33434		DO NOT WRITE IN THIS	SPACE
					3. Date Incorporated or Qualified 07/24/1973	
2. Principal P 21 54	WOODS L	ANE 22.	Mailing Address 4691 N.I.A	IIVERSITY DR.	4. FEI Number	Applied For Not Applicable
Cuite Ant	*, etc. YNTON BC		Suite, Apt. #, etc. STE 396		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat			City & State SPR	INICS Fi	6. Election Campaign Financing	\$5.00 May Be
23 Zip 3 0	3436 _ Cou	ntry USA 20	Zip	Country	Trust Fund Contribution 8. This corporation owes or has paid the cu	Added to Fees urrept year Intangible
24	25	(ルンタ ₂₉ dress of Current Regist		J.J.S.A	Personal Property Tax due June 30. 10. Name and Address of New Registered	Yes No
_	OSTERMAN, PSO,	HOWARD C.	C I ONE	81 Name		
	7 77 GLADES RO A SUITE 211 -	D 54 WOOL	Beh FL 33	1436	ess (P.O. Box Number îs Not Acceptable)	
-1	AARGATE EL 3343	L DOTTER		63		
		·		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 the accept the obligators of, Section 607,0505, Florida Statutes. SIGNATURE						
12.	Signature aread or printed r	ame of registered agent and title in OFFICERS AND DIRECT		egistered Agent signature require	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	PSD	IOWADD O	☐ DELETE	1.1 TITLE		Change Addition
NAME STREET ADDRESS	OSTERMAN, I) RD #211 - 54	WOODS LANE	1.2 NAME 1.3 STREET ADDRESS		
CITY-ST-ZIP	BOGA RATON	HFL BOYNTO	и Всн. FL 3 3 481	1.4 CITY-ST-ZIP		1.25
TITLE NAME			☐ DELETE	2.1 TITLE 2.2 NAME		Change Addition
STREET ADDRESS				2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE			DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME			() OLLEGE	3.2 NAME		C online C notine
Street address				3.3 STREET ADDRESS		
CITY-ST-ZIP			DELETE	3.4, CITY-ST-ZIP 4.1 TITLE		Change Addition
TITLE NAME			Dezere	4. 2 NAME		
STREET ADDRESS				4.3 STREET ADDRESS		
CITY - ST - ZIP			DELETE	4.4 CITY-ST-ZIP		Change Addition
TITLE NAME			C DECEIL	5.1 TITLE 5.2 NAME		Oliange Addition
STREET ADDRESS				5.3 STREET ADDRESS		
CITY-ST-ZIP			☐ DELETE	5.4 CITY-ST-ZIP		Change Addition
TITLE NAME			☐ DELLIE	6.1 TITLE 6.2 NAME		Onunge Addition
STREET ADDRESS				6.3 STREET ADDRESS		
CITY-ST-ZIP	artific that the leter-	والمرابع المرابع المرابع والمرابع والمرابع	ing does not such for the	6.4 CiTY-ST-ZiP	Parties 110 07/21/i) Floride Statutes I further a	artifu that the information
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. SIGNATURE:						
SIGNATURE: 16 WARD C. CISTERFULL DED 1/14/98 (954) 340 3036						