

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

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AND  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

| CORPORATION<br>ANNUAL REPORT<br>1995                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                 | <br>FLORIDA DEPARTMENT OF STATE<br>Sandra B. Morham<br>Secretary of State<br>DIVISION OF CORPORATIONS        |                                                                                                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # 639351 (6)</b><br>1. Corporation Name<br><b>STEPHEN G. OSTER, P.A.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                 |                                                                                                                                                                                               |                                                                                                                                            |
| Principal Place of Business<br><b>10507 LACERA DR<br/>TAMPA FL 33618<br/>US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                 | Mailing Address<br><b>10507 LACERA DR<br/>TAMPA FL 33618<br/>US</b>                                                                                                                           |                                                                                                                                            |
| 2. Principal Place of Business<br><b>21</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                 | 2a. Mailing Address<br><b>26</b>                                                                                                                                                              |                                                                                                                                            |
| Suite, Apt. #, etc.<br><b>22</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                 | Suite, Apt. #, etc.<br><b>27</b>                                                                                                                                                              |                                                                                                                                            |
| City & State<br><b>23</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                 | City & State<br><b>28</b>                                                                                                                                                                     |                                                                                                                                            |
| Zip<br><b>24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Country<br><b>25</b>                                            | Zip<br><b>29</b>                                                                                                                                                                              | Country<br><b>30</b>                                                                                                                       |
| 9. Name and Address of Current Registered Agent<br><b>OSTER, STEPHEN G.<br/>10507 LACERA DR<br/>TAMPA FL 33618</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                 | 10. Name and Address of New Registered Agent<br><b>81</b> Name<br><b>82</b> Street Address (P.O. Box Number is Not Acceptable)<br><b>83</b><br><b>84</b> City<br><b>FL</b> <b>85</b> 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<br>Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating) DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                 |                                                                                                                                                                                               |                                                                                                                                            |
| 12. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                                                                                                                                         |                                                                                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>P<br/>OSTER, STEPHEN G.<br/>10507 LACERA DR<br/>TAMPA FL</b> | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY - ST - ZIP                                                                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                 | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY - ST - ZIP                                                                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>500001435115<br/>-05/12/95--01014--022<br/>***200.00 ***200.00</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                 | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY - ST - ZIP                                                                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                 | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY - ST - ZIP                                                                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                 | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY - ST - ZIP                                                                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                 | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY - ST - ZIP                                                                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                          |
| 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 statement with an address. |                                                                 |                                                                                                                                                                                               |                                                                                                                                            |
| SIGNATURE: <i>Stephen G. Oster, Pres.</i><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                 | Date: <i>4/30/95</i><br>813<br>988-5168<br><i>[Signature]</i>                                                                                                                                 |                                                                                                                                            |