FILED Mar 31, 1999 8:00 am

Secretary of State

03-31-1999 90063 048 ***150.00

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9400003913

Corporation Name

ARGOSY PARTNERS, INC.

Mailing Address Principal Place of Business 1781 PARK CENTR DR %%%%%% %%%%%%%%%%%% ORLANDO FL 32835 DO NOT WRITE IN THIS SPACE US 3. Date Incorporated or Qualifed 07/26/1994 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 94-3207520 Not Applicable 26 1781 Park Center Dr \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 Orlando, Country 8. This corporation owes the current year Intangible □No Personal Property Tax. 30 25 29 32835 TISZ Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 82 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 83 Zip Code City 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) Signature, typed or printed name of registered agent and title if applicable. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 XX Change XX Addition XX DELETE 1.1 TITLE President & Director TITLE L. Steven Miller NAME GESSOW, ANDREW J 2934 WOODSIDE RD 1.3 STREET ADDRESS STREET ADDRESS 1781 Park Center Drive **WOODSIDE CA** 1.4 CITY-ST-ZIP Orlando, FL 32835 CITY-ST-ZIP XX Change XX Addition XXPELETE 2.1 TITLE TITLE Treasurer & Director 22 NAME Richard Goodman NAME KENNINGER, STEVEN C 2.3 STREET ADDRESS 5933 W CENTURY BLVD SUITE 210 1781 Park Center Drive STREET ADDRESS LOS ANGELES CA 2.4 CITY-ST-ZIP <u>Orlando, FL 32835</u> CITY-ST-ZIF XXDELETE XX Addition 3.1 TITLE Secretary & Director TITLE 3.2 NAME FREY, CHARLES C NAME Thomas A.-Bel-1-3.3 STREET ADDRESS 1781 PARK CENTER DR STREET ADDRESS 1781 Park Center Drive ORLANDO FL 32835 3.4. CITY-ST-ZIP CITY-ST-ZIP Orlando, FL 32835 ☐ Addition ☐ Change XX X ELETE 4.1 TITLE TITLE GIANNONI. GENEVIEVE 4.2 NAME NAME

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 of 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, with all other like empowered.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

64 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

XXOELETE

DELETE

SIGNATURE

STREET ADORESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIF

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

1781 PARK CENTER DR

LOS ANGELES CA 90045

5933 W CENTURY BLVD STE 210

ORLANDO FL 32835

OSAMU KANEKO

CEO

Thomas A. Bell Control A. Bell Bignature and typed or printed name of signing officer or director

<u> 199 y GlS</u>

(407) 532-1000

Change

☐ Change

Addition

☐ Addition

Daytime Phone

CR2E034 (11/98)_