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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

10 -0-1	MENT # F9500 Osys systems Inc.	0003601 (0)				
Principal Plac	e of Business	Mailing Address		T TREATMENT THE PRIOR CLUSS COURT COULT SOLY COURT	ADIDA NING BINI BASEFERS 1881	
100 PARK PL	ACE BLVD	100 PARK PLACE BLVD				
SUITE A		SUITE A KISSIMMEE FL 34741 US		DO NOT INDITE IN TH	HE SDACE	
KISSIMMEE FL 34741 US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
00		00		07/26/1995		
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		59-3273675	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27		S. Continents of Grands Desired	Fee Required	
City & Stat	е	City & State		6. Election Campaign Financing	\$5.00 May Be	
Zip	Country	Z Ip	Country	Trust Fund Contribution	Added to Fees	
24	25	29	30	8. This corporation owes or has paid the Personal Property Tax due June 30.	current year Intangible ☐ Yes ☐ No	
271	9. Name and Address of Curr		301	10. Name and Address of New Register		
WE	BB, TIM		81 Name			
100 PARK PLACE BLVD			82 Street A	ddress (P.O. Box Number is Not Acceptable)		
SUITE A			01 00000	Street Address (P.O. Box Number is Not Acceptable)		
	SIMMEE FL 34741		63		-	
			84 City		85 Zip Code	
					L	
agent. I a SIGNATURE	m familiar with, and accept the ob-	agent and title if applicable (NO	orida Statutes. IE Registered Agent signature r		E	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PDC	☐ DELETE	1,1 TITLE		X Change Addition	
NAME	CAWRELL, DAVID RESS FORCE HOUSE, SELBORNE RD.		W.F.	12 NAME WKSAWKELL		
STREET ADDRESS	GREATHAM LISS SUSS EN		1.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	T	DELETE	1.4 CHY-ST-ZIP 2.1 TiTLE		K Change Addition	
NAME	CAWRELL, CHRISTINE A	<u></u> *********************************	2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS	CAWKELL,		
City-st-zip	And the same of th		2.4 GITY-ST-ZIP			
TITLE	SD	☐ DELETE	3.1 TITLE		K Change ☐ Addition	
NAME	CAWRELL, JAMES A		3.2 NAME	CAWKELL,	Ì	
STREET ADDRESS	21 BUCKINGHAM RD.		3.3 STREET ADDRESS			
CITY-ST-ZIP	PETERSFIELD CU 32 3AY E	NGLAN	3.4. CiTY - ST - ZIP			
TITLE		☐ DELET E	4.1 TITLE	V	Change X Addition	
NAME			4. 2 NAME	Webb, Tim S.		
STREET ADDRESS			4.3 STREET ADDRESS	2903 Canoe Circle		
CITY-ST-ZIP		——————————————————————————————————————	4.4 CITY-ST-ZIP	St. Cloud, FL 34772	- T	
TITLE		DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP		☐ DELETE	5.4 CITY-ST-ZIP		Change Addition	
TITLE		☐ DETEIR	6.1 1/TLF 6.2 NAME		CT Oliange CT Addition	
NAME CTREET ADORESC						
STREET ADDRESS			6.3 STREET ADDRESS			

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 eath; 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.

FILED

Jan 27 1998 8:00am

Secretary of State