

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G68348**

(3)

1. Corporation Name

OSPREY MORTGAGE COMPANY



Principal Place of Business

Mailing Address

**333 S. TAMiami TRAIL
STE. 388
VENICE FL 34285
US**

**333 S. TAMiami TRAIL
STE. 388
VENICE FL 34285
US**

3. Date Incorporated or Qualified

11/08/1983

3a. Date of Last Report

05/16/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt #, etc

Suite, Apt #, etc

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City & State

City & State

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Zip

Country

Zip

Country

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4. FEI Number

59-2369382

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DETERT, NANCY
333 S. TAMiami TRAIL
SUITE 388
VENICE FL 34285**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PST** ☐ DELETE
NAME **DETERT, NANCY**
STREET ADDRESS **333 S. TAMiami TRAIL #388**
CITY-ST-ZIP **VENICE FL**

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

TITLE ☐ DELETE

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

TITLE ☐ DELETE

31 TITLE

32 NAME

33 STREET ADDRESS

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TITLE ☐ DELETE

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TITLE ☐ DELETE

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311 TITLE

312 NAME

313 STREET ADDRESS

314 CITY-ST-ZIP

TITLE ☐ DELETE

321 TITLE

322 NAME

323 STREET ADDRESS

324 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NANCY DETERT - PRES. 6-12-96 941-4841847

DATE

Corporate Seal #

CR2E034 (3/96)