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 # G93936 (4)

1. Corporation Name
OSPREY BIOTECHNICS, INC.

Principal Place of Business	Mailing Address
2834 AVE. C WEST BRADENTON FL 34205	2834 AVE. C WEST BRADENTON FL 34205

3. Date Incorporated or Qualified: 03/29/1984
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21: 2530 TRAILMATE
22: Suite, Apt. #, etc.
23: City & State: SARASOTA, FL
24: Zip: 34243
25: Country:

2a. Mailing Address
26: 2530 TRAILMATE
27: Suite, Apt. #, etc.
28: City & State: SARASOTA
29: Zip: 34243
30: Country:

4. FEI Number: 65-0207976 ☐ 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

GLENDENING, LARRICK H.
2834 AVE. C WEST
BRADENTON FL 34205

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of Registered Agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	11 TITLE	VP/D	☐ Change ☑ Addition
NAME	GLENDENING, LARRICK H.		12 NAME	VINCENT SCUILLA	
STREET ADDRESS	2834 AVE. C WEST		13 STREET ADDRESS	4356 KINGSTON LOOP	
CITY-ST-ZIP	BRADENTON FL		14 CITY-ST-ZIP	SARASOTA, FL 34238	
TITLE	D	☐ DELETE	21 TITLE	VP/D	☐ Change ☑ Addition
NAME	GLENDENING, BETTY S.		22 NAME	PETER VANDENBERGH	
STREET ADDRESS	2834 AVE. C WEST		23 STREET ADDRESS	4414 MEANWCREEK CIRCLE	
CITY-ST-ZIP	BRADENTON FL		24 CITY-ST-ZIP	SARASOTA, FL 34233	
TITLE		☐ DELETE	31 TITLE	S/D	☐ Change ☑ Addition
NAME			32 NAME	LAUREN DANIELSEN	
STREET ADDRESS			33 STREET ADDRESS	640 FOURTH FAIRWAY	
CITY-ST-ZIP			34 CITY-ST-ZIP	ROSWELL, GA 30076	
TITLE		☐ DELETE	41 TITLE	D	☐ Change ☑ Addition
NAME			42 NAME	DAVID GLENDENING	
STREET ADDRESS			43 STREET ADDRESS	7015 46TH AVE W, #149	
CITY-ST-ZIP			44 CITY-ST-ZIP	BRADENTON, FL 34210	
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (3/96)

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 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added by attachment with an address.

SIGNATURE: Larrick H. Glendening, Pres. 6-30-96 941 755 7770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
LARRICK H. GLENDENING