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

FILED May 28 1998 8:00am Secretary of State

DOCUMENT #

Ossis Lobging, Inc

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Principal Plac	ce of Business	Mailing Address				
4al	on ul low Bon a	Muse 731	45 S. 16 de	A		
le le	60 W. levo Beonson Summer, Fix 341	#11	un.	DO NOT WRITE 3. Date Incorporated or Qualified	IN THIS SPACE	
	simple, the son	46	0 10 15 80	3. Date Incorporated or Qualified		
			various, c 37	2.17.82	•	
	Place of Business	2a, Mailing Address		4. FEI Number	Ap	plied For
21 Puito Apt	# oto	26		79-20116468		t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	
City & State		City & State		6. Election Campaign Financing \$5.00 May Be		
23		28		Trust Fund Contribution	Added t	
Zip	Country	Zip	Country	8. This corporation owes or has pai		
24	25	29	30	Personal Property Tax due June	30. XYes 🗆] No
	9. Name and Address of Curren	il Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent	
1/k	NYD 12 YORANOCI	E	82 Street Ad	ddress (P.O. Box Number is Not Acceptab	ole)	
, 13	Who IZ Toranous Bys Sand Lake clando, Fib	ted #412	83			
Or	dando Ca	7.00				
- (1)	TOMOS, FUE	22612	84 City		FL 85 Zip C	Code
11. Pursuant	to the provisions of Sections 607.0502	2 and 607 1508, Florida Sta	itutes, the above-named c	corporation submits this statement for the p	ourpose of changing its	s registered
office or registered agent, or both, in the State of Eprida. 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 obliquite. of, Section 607.0505, Florida Statutes.						
SIGNATURE 1 DE POPULOCIC 4, 27.98						
12.	State of types or precedence of registered agric OFFICERS AND	or and title it applicable (N	NOTE Registered Agent signature re	equired when reinstating)	DATE	
TITLE	P. b.	DELETE	13. 1.1 TRLE	ADDITIONS/CHANGES TO OFFIC	Change	S IN 12 Addition
NAME			1.2 NAME	\sim	- •	La rodition
STREET ADDRESS	GOT WHERNATIO	NAL to	1.3 STREET ADDRESS		0	
CITY-ST-ZIP	ORIANTO, FLA	34819	1.4 City-S1-ZiP	Brisne	a K;	
TITLE	5 ,D	DELETE	21 TITLE	- ZZ WWW	Change	Addition
NAME	DAVID 12 PORTLO	CIr.	2.2 NAME			• •
STREET ADDRESS	7345 Sand Lake	e red - 412	2.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANTO, FLA	37819	2. 4 CITY-ST-2(P			
TITLE	VP,⊅	DELETE	3.1 TITLE		☐ Change	Addition Addition
NAME	JAMON MAALI		3.2 NAME			
STREET ADDRESS	JEST MASTERS TELY	D	3.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	JEST MASTERS TEN	3.76.12	4.1 11TLF		Change	Addition
NAME			4.1 IIILF 4.2 NAME		L.J Change	[_] Addition
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE		Change	Addition
NAME			5.2 NAME			-
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-S1-ZIP			
TITLE		DELETE	6.1 TITLE		Change	Addition
NAME			6.2 NAME	0000025 4 -05/29/980101	D360 /)£
STREET ADDRESS			6.3 STREET ADDRESS	-05/29/9801011	.51126 <i>F</i> .	~ ~ ~

6.4 CITY - ST - ZIP 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 provide empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on an attachment with an address. VESSE MALL

***158.75