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

DOCUMENT # H61836

(3)

FILED May 01 1998 8:00am Secretary of State

C&RI	PROPERTIES OF OSCEOL	LA INC.) 1 Hariani anie anien irako irako kinie anie anie anie anie	IN BABIN BABIN BRBIN BABIN KBBI
Director Director			·		
Principal Place of Business Mailing Address 2900 17TH ST. STE 4 2900 17TH ST. STE 4					
8T. CLOUD FL 34769 ST. CLOUD FL 34769					
				DO NOT WRITE IN THE	S SPACE
				3. Date Incorporated or Qualified	
9 Principal P	lace of Business	2a, Mailing Address		06/13/1985 4. FEI Number	TA Unit of East
21 26 Year Place of Business			NOT APPLICABLE	Applied For Not Applicable	
Suite, Apt. #, etc. Suite. Apt. #, etc.					\$8.75 Additional
27		<u> </u>		5. Certificate of Status Desired	Fee Required
		City & State		6. Election Campaign Financing	\$5.00 May Be
23 28				Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the o	
24	25 9. Name and Address of Curr		30	Personal Property Tax due June 30. 10. Name and Address of New Registere	Yes No
Dill	ORA, SUJIT K.	eur nobistolon Whalif	81 Name		1 Wholic
	O 17TH ST. STE 4				
ST. CLOUD FL 34769			82 Street	Address (P.O. Box Number is Not Acceptable)	İ
V 1.	0400011 04100		83		
			84 City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statute	s, the above-named	cornoration submits this statement for the nurgose	of changing its registered
Office or r agent. I a	egistered agent, or both, in the Sta i m familiar with, and accept the obl	ite of Florida. Such change was al ligations of, Section 607.0505, Flor	uthorized by the cor rida Statutes.	poration's board of directors. I hereby accept the ap	pointment as registered
SIGNATURE					
	Signature, typed or profind name of registered			e required when reinstating) DATE	
12.	OFFICERS A	AND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE NAME	RUDRA, SUJIT K.	□ DELETE	1.1 TITLE		L. Change L. Addition
STREET ADDRESS	2900 17TH ST. STE 4		1.2 NAME		
CITY-ST-ZIP	ST. CLOUD FL		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	1	-
TITLE	PD	DELETE	2.1 TITLE		Change Addition
NAME	CAMPBELL, JOHN		2.2 NAME		
STREET ADDRESS	748 ESSEY RD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL		2. 4 CITY - ST - ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		<u></u>
TITLE		☐ DELÊTE	4 1 TITLE		Change Addition
NAME			4. 2 NAME		ļ
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		Loriere	4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME CTREET ADDRESS			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE	-	Change Addition
NAME		Dittie	6.2 NAME	1	
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-\$T-ZIP			6.4 CITY-ST-ZIP		
	ertify that the information supplied	with this filing does not qualify for		1 ed 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 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.

SIGNATURE: