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002

**FILED**  
**Apr 25, 1999 8:00 am**  
**Secretary of State**

04-25-1999 90005 001 \*\*\*300.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katharine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # J61068**

1. Corporation Name

**OSHER ENTERPRISES, INC.**

Principal Place of Business

Mailing Address

C/O JAMES W. OSHER  
2820 OLD MOULTRIE RD.  
ST. AUGUSTINE FL 32086

C/O JAMES W. OSHER  
2820 OLD MOULTRIE RD.  
ST. AUGUSTINE FL 32086

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/10/1987

4. FEI Number

59-2856242

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 owes the current year intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 c/o James W. Osher

26 c/o James W. Osher

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 925 Bayshore Rd.

27 925 Bayshore Rd

City & State

City & State

23 Nokomis, FL.

28 Nokomis, FL.

Zip

County

Zip

Country

24 34275

25 USA

29 34275

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OSHER, JAMES W.  
5301 ATLANTIC VIEW  
ST. AUGUSTINE FL 32084

81 Name

Osher, James W.

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

925 Bayshore Rd

83

84 City

Nokomis,

FL

85 Zip Code

34275

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME OSHER, JAMES W.  
STREET ADDRESS 5301 ATLANTIC VIEW  
CITY-ST-ZIP ST. AUGUSTINE FL

TITLE ☐ DELETE

NAME OSHER, JANICE L.  
STREET ADDRESS 5301 ATLANTIC VIEW  
CITY-ST-ZIP ST AUGUSTINE FL

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

925 Bayshore Rd  
Nokomis, FL. 34275

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

925 Bayshore Rd  
Nokomis, FL 34275

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/17/99

941-483-4881

CR2E034 (11/98)