

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Mar 16 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **L56530** (3)  
1. Corporation Name  
**JULIE OSTERHOUT, P.A.**

Principal Place of Business <b>10175 SIX MILE CYPRESS PKWY 4 FT MYERS FL 33912 US</b>	Mailing Address <b>10175 6 MILE CYPRESS PKWY SUITE 4 FT MYERS FL 33912 US</b>
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/01/1990</b>	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>65-0170582</b>		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24	25	29		30	
9. Name and Address of Current Registered Agent <b>OSTERHOUT, JULIE 10175-4 SIX MILE CYPRESS PARKWAY FT MYERS FL 33912</b>				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		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	PST							1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME	OSTERHOUT, JULIE	<input type="checkbox"/> DELETE						1.2 NAME							
STREET ADDRESS	10175-4 SIX MILE CYPRESS PARKWAY							1.3 STREET ADDRESS							
CITY-ST-ZIP	FORT MYERS FL							1.4 CITY-ST-ZIP							
TITLE	D	<input type="checkbox"/> DELETE						2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME	OSTERHOUT, JULIE							2.2 NAME							
STREET ADDRESS	10175-4 SIX MILE CYPRESS PARKWAY							2.3 STREET ADDRESS							
CITY-ST-ZIP	FT MYERS FL							2.4 CITY-ST-ZIP							
TITLE		<input type="checkbox"/> DELETE						3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME								3.2 NAME							
STREET ADDRESS								3.3 STREET ADDRESS							
CITY-ST-ZIP								3.4 CITY-ST-ZIP							
TITLE		<input type="checkbox"/> DELETE						4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME								4.2 NAME							
STREET ADDRESS								4.3 STREET ADDRESS							
CITY-ST-ZIP								4.4 CITY-ST-ZIP							
TITLE		<input type="checkbox"/> DELETE						5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME								5.2 NAME							
STREET ADDRESS								5.3 STREET ADDRESS							
CITY-ST-ZIP								5.4 CITY-ST-ZIP							
TITLE		<input type="checkbox"/> DELETE						6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME								6.2 NAME							
STREET ADDRESS								6.3 STREET ADDRESS							
CITY-ST-ZIP								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 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:  3-10-98 941-939-4888  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)