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-PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

<b>DOCUMENT</b> :	# L72887

171

## **FILED** Apr 24 1997 8:00am Secretary of State

1. Corporation Name OSPREY FINANCIAL COMPANY  Principal Place of Business  Mailing Address  # E LLWYD ECCLESTONE JR 1555 PALM BEACH LAKES BLYD SUITE 1100 WEST PALM BEACH FL 33401  Mailing Address  # E LLWYD ECCLESTONE JR 1555 PALM BEACH LAKES BLYD SUITE 1100 WEST PALM BEACH FL 33401-2357											
						1	<ol> <li>Date Incorporated or Qualified 05/11/1990</li> </ol>	3a. D	ate of Last F <b>/16/1996</b>	Report	
-n '	Place of Business	<b>}</b> -η	2a. Mailing Address			1	4. FEI Number 65-0212021		Applied F		
Suite, Ap	nt # etc	26     Si	uite, Apt. #, etc.		<del></del>		00-02 1202 1			lot Applicable Additional	
	n. n, 6to.	27	one, ript. #, etc.			}	<ol><li>Certificate of Status Desired</li></ol>	X		Additional	
Cily & St	ale		ity & State	.,			6. Election Campaign Financing		\$5.00	May Be	
3		28					Trust Fund Contribution			to Fees	
Zip T	Country	<del></del>	ib	Cou	ntry	- 1	8. This corporation has liability for			в. <b>199</b> .032,	
<u>.</u>	25 Same and Address	29 ss of Current Register	red Anent	30			Fiorida Statutes  10. Name and Address of New R	Yes		<del></del>	
FC	CLESTONE JR, E. LLW		ec Ayem		61 Name	*******	19. Hante Pite Madipes of How II	- Sister ou	Agont		
	55 PALM BEACH LAKE		)	Ì	82 Street	Addros	s (P.O. Box Number is Not Accepta	ablo)			
	EST PALM BEACH FL 3					AUU108	s (F.O. DOX NUMBER SE NOT ACCORDE	iole)			
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				1	84 City				8:5 Zip	Code	
								FL	<b>.</b>   [ ]		
SIGNATURE		.,									
	Signature, typed or printed name			OTE: Registered			ation submits this statement for the n's board of directors. I hereby acce when reinstating)  ADDITIONS/CHANGES TO OFF!	DATE			
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information indicated on this annual report or supplies and each into an advantage of the supplies and that my signature shall have the same legal effect as if made under oath; that it am an officer or director of the corporation or the receiver or trusto-rempowered 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 attact mention and officer.

SIGNATURE: Ron Cooper

4/15/97

(561)686-2000

Daytime Phone ₽ 0294963