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Feb 18, 1999 8:00am

**Secretary of State** 

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCU 1. Corporation	MENT # L79284				02-18-1999 90084 036 ******1	50.00	
OSSCA	INTERNATIONAL, INC.						
Deine in all Diag							
	ce of Business	Mailing Address					••••
16011 GLEN HAVEN DR TAMPA FL 33618 · US		16011 GLEN HAVEN DRIVE TAMPA FL 33618		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed		
					06/07/1990		
· ·	Place of Business	2a. Mailing Address			4. FEI Number	A	pplied For
21		26			59-3014486	N	ot Applicable
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired	•	Additional equired
City & Sta		City & State			6. Election Campaign Financing Trust Fund Contribution	,	May Be to Fees
Zip	Country	Zip	Country	/	8. This corporation owes the current year t		1.7
24	25		30		Personal Property Tax.	☐ Yes	No
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Registere	d Agent	-
AML	JSO, PHILIP T.		61	Name			
	11 GLEN HAVEN DRIVE		82	Street Add	ress (P.O. Box Number is Not Acceptable)		
1	MPA:FL 33618		83				
			84	City		■ 85 Zip	Code
				1	• 5		
oπice or r agent. I a	to the provisions of Sections 607.0502 registered agent, or both, in the State c am familiar with, and accept the obligati	of Florida. Such change was auti	thorized by	the corporati	poration submits this statement for the purpose of lon's board of directors. I hereby accept the appropriate the purpose of th	of changing its	registered egistered
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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, with all other like empowered.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP