

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

FILED
May 11 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L95208 (9)
1. Corporation Name
OSTERTAG, INC.



Principal Place of Business
1167 THIRD STREET SOUTH
NAPLES FL 34102
US

Mailing Address
1167 THIRD STREET, SOUTH
NAPLES FL 34102
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/01/1990	
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.	28	4. FEI Number 65-0216884	Applied For Not Applicable
22 City & State	27	28 City & State	29	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	25 Country	29 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent GOODMAN, KATHERINE M. 1167 3RD STREET, SOUTH NAPLES FL 34102				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	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	P	<input checked="" type="checkbox"/> DELETE						<input type="checkbox"/> Change <input type="checkbox"/> Addition							
NAME	DUSSON, EILEEN M.														
STREET ADDRESS	1167 THIRD STREET, SOUTH														
CITY-ST-ZIP	NAPLES FL														
TITLE	PVST	<input type="checkbox"/> DELETE						<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition							
NAME	GOODMAN, KATHERINE M.														
STREET ADDRESS	1167 THIRD STREET, SOUTH														
CITY-ST-ZIP	NAPLES FL														
TITLE		<input type="checkbox"/> DELETE						<input type="checkbox"/> Change <input type="checkbox"/> Addition							
NAME															
STREET ADDRESS															
CITY-ST-ZIP															
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TITLE		<input type="checkbox"/> DELETE						<input type="checkbox"/> Change <input type="checkbox"/> Addition							
NAME															
STREET ADDRESS															
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
Katherine M. Goodman
KATHERINE GOODMAN
11-30-98
08/01/1990

CR2E034 (10/97)