

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # M77595

1. Corporation Name

OSPREY TRADING CORPORATION

FILED

95 MAY -2 AM 7:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

000001484730  
-05/11/95--01101--007  
\*\*\*\*200.00 \*\*\*\*200.00

DO NOT WRITE IN THIS SPACE

|                                |                                |                                                                                         |                                                                     |
|--------------------------------|--------------------------------|-----------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| Principal Place of Business    |                                | Mailing Address                                                                         |                                                                     |
| 2. Principal Place of Business |                                | 2a. Mailing Address                                                                     |                                                                     |
| 21 4063 HOOD ROAD              | 26 P.O. Box 33496              | 3. Date Incorporated or Qualified<br>4/22/88                                            | 3a. Date of Last Report<br>4/94                                     |
| 22 #5                          | 27 Suite, Apt. #, etc.         | 4. FEI Number<br>65 0046334                                                             | Applied For<br>Not Applicable                                       |
| 23 PALM BEACH GARDENS, FLORIDA | 28 PALM BEACH GARDENS, FLORIDA | 5. Certificate of Status Desired                                                        | \$8.75 Additional Fee Required                                      |
| 24 33410                       | 25 US                          | 6. Election Campaign Financing<br>Trust Fund Contribution                               | \$5.00 May Be Added to Fees                                         |
| 29 33420                       | 30 US                          | 7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

9. Name and Address of Current Registered Agent

CHARLES FRANK CERVENKA III  
3-D TURTLE CREEK DR.  
TEQUESTA, FL. 33469

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                                           |

FL

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

| 12. OFFICERS AND DIRECTORS |                         | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|-------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | 5/D/P                   | 1. TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | CHARLES F. CERVENKA III | 2. NAME                                               |                                                                   |
| STREET ADDRESS             | 3-D TURTLE CK DR.       | 3. STREET ADDRESS                                     |                                                                   |
| CITY, ST, ZIP              | TEQUESTA, FL. 33469     | 4. CITY, ST, ZIP                                      |                                                                   |
| TITLE                      |                         | 21. TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                         | 22. NAME                                              |                                                                   |
| STREET ADDRESS             |                         | 23. STREET ADDRESS                                    |                                                                   |
| CITY, ST, ZIP              |                         | 24. CITY, ST, ZIP                                     |                                                                   |
| TITLE                      |                         | 31. TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                         | 32. NAME                                              |                                                                   |
| STREET ADDRESS             |                         | 33. STREET ADDRESS                                    |                                                                   |
| CITY, ST, ZIP              |                         | 34. CITY, ST, ZIP                                     |                                                                   |
| TITLE                      |                         | 41. TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                         | 42. NAME                                              |                                                                   |
| STREET ADDRESS             |                         | 43. STREET ADDRESS                                    |                                                                   |
| CITY, ST, ZIP              |                         | 44. CITY, ST, ZIP                                     |                                                                   |
| TITLE                      |                         | 51. TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                         | 52. NAME                                              |                                                                   |
| STREET ADDRESS             |                         | 53. STREET ADDRESS                                    |                                                                   |
| CITY, ST, ZIP              |                         | 54. CITY, ST, ZIP                                     |                                                                   |
| TITLE                      |                         | 61. TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                         | 62. NAME                                              |                                                                   |
| STREET ADDRESS             |                         | 63. STREET ADDRESS                                    |                                                                   |
| CITY, ST, ZIP              |                         | 64. CITY, ST, ZIP                                     |                                                                   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 111.02(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemented annual report is true and accurate and that my signature shall have the same legal effect as if made by the 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/95 407-694-0762