

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

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90137 027 ***150.00

DOCUMENT # P93000021887

1. Corporation Name
OSIRIS LTD., INC.



Principal Place of Business
7340 131 ST. N.
SEMINOLE, FL 34646
US

Mailing Address
7340 131 ST. N.
SEMINOLE FL 34646
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/24/1993

4. FEI Number
59-3175989

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business
21 720 32 AVE N
Suite, Apt. #, etc.

2a. Mailing Address
26 720 32 AVE N
Suite, Apt. #, etc.

22 City & State
23 ST. PETERSBURG FL
24 33704 25 US

27 City & State
28 ST. PETERSBURG FL
29 33704 30 USA

9. Name and Address of Current Registered Agent

MACINTOSH, VICTORIA E
111 2 AVE NE
620
ST PETERSBURG FL 33710

10. Name and Address of New Registered Agent

81 Name BRIAN BURSA PA
82 Street Address (P.O. Box Number is Not Acceptable)
111 2 AVE NE
83 SUITE 610
84 City ST. PETERSBURG FL 85 Zip Code 33701

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 *Brian M. Bursa*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/19/99
DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	RADKINS, JEFFREY	7340 131 ST. N.	SEMINOLE FL 34646	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
		720 32 AVE NORTH	ST. PETERSBURG, FL 33704	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE: *Jeffrey Radkins* B. RADKINS 3/18/99 727-894-6711
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/98)