

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

DOCUMENT # P93000021887

1. Corporation Name
OSIRIS LTD., INC.

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

2. Principal Place of Business

21 720 32 AVB N

Suite, Apt. #, etc.

22

City & State

23 ST. PETERSBURG PL

Zip

24 33704

25

Country

24 33704 25 US

26 720 32 AVB N

Mailing Address

7340 131 ST. N.
SEMINOLE FL 34646
US

2a. Mailing Address

26 720 32 AVB N

Suite, Apt. #, etc.

27

City & State

28 ST. PETERSBURG FL

Zip

29 33704

30

Country

29 33704 30 USA

31 Name and Address of Current Registered Agent

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

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. Radkins*

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RADKINS, JEFFREY	1.2 NAME	
STREET ADDRESS	7340 131 ST. N.	1.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL 34646	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4. CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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, with all other like empowered.

SIGNATURE: *Brian M. Radkins* 3/18/99 727-874-6711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

03-22-1999 90137 027 ***150.00



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

\$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation owes the current year intangible

Personal Property Tax.

Yes No

9. Name and Address of New Registered Agent

81 Name *BRIAN BURK 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*

CR2E034 (11/98)