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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Saridra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P93000027637 (6)

DOCUMENT # OSBORN ENTERPRISES, INC. II

USBURN ENTERFRISES,	114O· II				
Principal Place of Business 2801 CORTEZ RD W	Mailing Address 2801 CORTEZ RD W				
BRADENTON FL 34207 US	BRADENTON FL 34207 US	3. Date Incorporated or Qualified 04/14/1993	3a. Date of Last Report 04/18/1995		

2. Principal Place of Business 26		4. FEI Number 65-0401588		Applied For Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc. 27			5. Certificate of Status Desired	d S8.75 Additional Fee Required		
City & State		City & State)		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Ξ1	Country 25	Zip 29	30	untry	This corporation has liability for in Florida Statutes	
9. Name and Address of Current Registered Agent		[10. Name and Address of New Registered Agent			
MCGUIRE AND PARRY P.A. 1001 3RD AVENUE WEST STE. 600			81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83			
BRADEN	ITON FL 34205			84 City		FL 85 Zip Code

DUVDEN	DUNDERTOR LE 04200		B4 City	B4 City		FL FL FL FL FL FL FL FL	
بخيرة المأتمية بالم	the provisions of Sections C07.0502 and on d agent, or both, in the State of Horida Soli i, and accept the obligations of, Solion Corr	nchange was authorize	d by the corporation's board	TO DIEGOS THOUSE ACCORDENO APPE	pose of changing its re	egistered office agent. I am	
SIGNATURE .		-00	E: Registered Agent signature require to		DATE		
	OFFICERS AND DIREC		13.	ADDITIONS/CHANGES TO OFFI	ICERS AND DIRECTO	RS IN 12	
12.	6	DELETE	1. 1 TITLE		☐ Change	Addition	
NAME	OSBORN, JAMES W III	_	1.2 NAME				
STREET ADDRESS	2165 46TH AVE W, APT 23		1 3 STREET ADDRESS				
C.1\-\$1-7.0	BRADENTON FL		1.4 City - ST-ZIP				
1016	D	DELETE	2 1 TITLE		☐ Change	Addition	
NAME	OSBORN, JAMES W JR.		2 2 NAME				
STHEET ADDRESS	4344 SALEM AVENUE		2 3 STREET ADDRESS				
CHY-ST-2IF	DAYTON OH 45416		24 CITY - ST - ZiP				
TILLE		☐ DELFTE	3 1 TITLE		Change	Addition	
NAME			3.2 NAME				
STREET ADDRESS			33 STREET ADDRESS				
City-S1-7IP			3 4 CITY-ST-ZIP				
Tillet		DELETE	4 1 TITLE		☐ Change	Addition .	
NAME			4 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
C-1Y - S 7IP			4.4 CITY - ST - ZIF	-			
11718		DELETE	5. 1 TITLE		☐ Change	☐ Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CHY-\$1-ZiP			5 4 CITY - ST - ZIP			FT Addition	
TITLE		☐ DEFELE	6 1 TITLE		Change	Addition	
NAME			6.2 NAME				
STREET ADDRESS			63 STREET ADDRESS				
CHY-S1-ZIP	No.		6 4 CITY - ST - ZIP	or the everyntion stated in Section 119	07/3)(k) Etorida Stati	tes I further	

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 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this armust report on supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13.8 changed, or on an attachimen with an address.

SIGNATURE:

SIGNADORAMO TYPED OBLEMINITED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNADORAMO TYPED OBLEMINITED NAME OF SIGNING OFFICER OR DIRECTOR

OFFICE OF SIGNING OF SIGNING OFFICER OR DIRECTOR