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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000037342 (1)

RRIAD ASSOCIATES INC

	OSCOINTED, INC.						
Principal Place of Business 13819 PARC DRIVE PALM BEACH GARDENS FL 33410		13619 PARC DRIVE	Mailing Address 13619 PARC DRIVE PALM BEACH GARDENS FL 33410-1291				
							O4/30/1996
2. Principal Pl	ace of Business	2a. Mailing Address 26	า ั		4. FEI Number 65-0414891	Applied For Not Applicable	
Suite, Apt. :	#, etc	Suite, Apt. #, etc.	27			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	,	City & State	28			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζφ 24	Country 25	Z(p 29	30 Co	untry			s 🔲 No
	9. Name and Address of Curre	nt Registered Agent		-AT	• • • • • • • • • • • • • • • • • • •	10. Name and Address of New Registe	red Agent
	NER, LAZARUS C			81	Name		
13819 PARC DRIVE PALM BEACH GARDENS FL 33410				82	Street Addi	ress (P.O. Box Number is Not Acceptable)	
				83			
				84	City		FL 85 Zip Code
1	to the provisions of Sections 607.05 egistered agent or both, in the Stat m familiar with, and accept the obli	02 and 607.1508, Florida Stati e of Florida Such change was galifins of, Section 607.0505, f	utes, the a authoriza forida Sta	above ed by atutes	-named corp the corporat	poration submits this statement for the purportion's board of directors. I hereby accept the	se of changing its registered appointment as registered
SIGNATURE	Stip alor typed payingled name of registered a		DTE: Register	red Ager	iuper enutang s tr	ired when reinstating)	(TE
12.		ND DIRECTORS	13.	•	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFICERS	
TITLE	D	☐ DELETE	1.1	TITLE			Change Addition
NAMÉ	WEINER, LAZARUS C			NAME	1		
STREET ADDRESS				1.3 STREET ADORESS			
C(TY - ST - ZIP	PALM BEACH GARDENS FL			CITY-ST	-ZIP	Martin Control	Change Addition
TITLE	LIEBIEG BATRIOLA			TITLE			T otteride Thypopron
NAME	13819 PARC DRIVE			NAME			
DALM BEACH CARDENS EL 22410				2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP			
CITY - S7 - 7IP	TALM DENOTI GROBEITO TE	DELEVE		TITLE	1-216		Change Addition
TITLE NAME		East Deceve		NAME			
STREET ADDRESS					ADDRESS	•	
, ·				CITY-S			
CRY-ST-ZIF TITLE		DELETE		TITLE	-		Change Addition
NAME		_	4.2	NAME			
STREET ADDRESS					ADDRESS		
CITY-ST-ZP			4.4	CITY-SI	T-ZIP		
TIFLE		DELETE		TITLE			Change Addition
NAME			52	NAME			
STREET ACORESS			53	STREET	ADDRESS		
CITY - ST - ZIP			5.4	CITY-S	T-ZiP		
lifet		DELETE	6.1	TITLE		•	Change Addition
NAME			6.2	NAME	.		
STREET ADDRESS			6.3	STREET	ADDRESS		•

SIGNATURE:

Menor Invokus C. WEINER, PRES

14. It do hereby certify that the information supplied with this filing does not quality 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.

FILED

May 07 1997 8:00am

Secretary of State

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