

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY - 1 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000062185 (2)

1. Corporation Name:

OSPREY REAL ESTATE INVESTORS, INC.

Principal Place of Business:

650 N TAMAMI TRAIL
OSPREY FL 34229

Mailing Address:

650 N TAMAMI TRAIL
OSPREY FL 34229

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business:

21 Suite Apt. # etc

26 Mailing Address:

26 Suite Apt. # etc

City & State:

23 City & State:

27 City & State:

24 COUNTRY

28 COUNTRY

25 CITY

29 CITY

30 COUNTY

30 COUNTY

3. Date Incorporated or Qualified: **08/25/1993** 3a. Date of Last Report: **05/01/1994**

4. FEI Number: **65-0484567** 4a. 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

7. The corporation has liability for attorney tax under S. 199.012 Florida Statutes: Yes No

9. Name and Address of Current Registered Agent:

**ROBENALT, JOHN F
650 N TAMAMI TRAIL
OSPREY FL 34229**

10. Name and Address of New Registered Agent:

81 Name: _____
82 Street Address (P.O. Box Number is Not Acceptable) _____
83 _____
84 City: **FL** Zip Code: **85**

11. Pursuant to the provisions of Sections 807.0502 and 807.1508, 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 807.0508, Florida Statutes.

SIGNATURE:

ROBENALT, VANCE F
887 MACEWEN DRIVE
OSPREY FL 34229

For: (Check one) Registered Agent Corporate Officer Director Other _____

1.0

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS If 12	
121 NAME: ROBENALT, VANCE F	121 TITLE: D	121 NAME: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
122 STREET ADDRESS: 887 MACEWEN DRIVE	122 CITY: ST. JOHNS	122 NAME: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
123 CITY: ST. JOHNS	123 CITY: ST. JOHNS	123 STREET ADDRESS: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
124 NAME: ROBENALT, JOHN F <i>OK</i>	124 TITLE: VP	124 NAME: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
125 STREET ADDRESS: 887 MACEWEN DRIVE	125 CITY: ST. JOHNS	125 STREET ADDRESS: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
126 CITY: ST. JOHNS	126 CITY: ST. JOHNS	126 STREET ADDRESS: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
127 NAME: THOMAS B. LUZIER,	127 TITLE: P.S.	127 NAME: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
128 STREET ADDRESS: 650 N. TAMAMI TRAIL	128 CITY: ST. JOHNS	128 STREET ADDRESS: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
129 CITY: ST. JOHNS	129 CITY: ST. JOHNS	129 STREET ADDRESS: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
130 NAME: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	130 TITLE: 1	130 NAME: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
131 STREET ADDRESS: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	131 CITY: ST. JOHNS	131 STREET ADDRESS: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
132 CITY: ST. JOHNS	132 CITY: ST. JOHNS	132 STREET ADDRESS: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
133 NAME: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	133 TITLE: 2	133 NAME: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
134 STREET ADDRESS: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	134 CITY: ST. JOHNS	134 STREET ADDRESS: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
135 CITY: ST. JOHNS	135 CITY: ST. JOHNS	135 STREET ADDRESS: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
136 NAME: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	136 TITLE: 3	136 NAME: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
137 STREET ADDRESS: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	137 CITY: ST. JOHNS	137 STREET ADDRESS: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
138 CITY: ST. JOHNS	138 CITY: ST. JOHNS	138 STREET ADDRESS: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	

14. I declare under oath that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(9)(b), Florida Statutes. I further certify that the information indicated on the 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 recorder or notary empowered to execute this report as required by Chapter 807, Florida Statutes, and that my name appears in Block 12 or 13 or 14, if changed, or on an attachment with an address.

SIGNATURE: *Thomas B. Luzier*

BIOGRAPHIC AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95 813-966-7755
Florida Secretary of State