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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000073179 (2)

ORTH-OS CORPORATION

## FILED Jun 01 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 877 EXECUTIVE CENTER DR W 877 EXECUTIVE CENTER DR W SUITE 303 SUITE 303 DO NOT WRITE IN THIS SPACE ST PETERSBURG FL 33702 ST PETERSBURG FL 33702 3. Date Incorporated or Qualified 10/15/1993 2. Principal Place of Business 2a. Mairing Address Applied For 21 59-3206726 Not Applicable 26 Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 8. This corporation owes or has paid the current year Intangible Zip Country Country T Yes 24 25 29 Personal Property Tax due June 30. g. Name and Address of Current Registered Agent Name and Address of New Registered Agent 61 MASCARA, ERNEST L 877 EXECUTIVE CENTER DR W Street Address (P.O. Box Number is Not Acceptable) 82 SUITE 803 83 ST PETERSBURG FL 33702 84 City Zip Code 85 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 Signature, typno or protect nache of registered agreet and title diapply able (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition TITLE DPST 1.1 TITLE ☐ Change **DURRETT, LEO** 1.2 NAME NAME 8600 15TH LANE NORTH STREET ADDRESS 1.3 STREET ADDRESS ST PETERSBURG FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TiTLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CHY+ST-ZIP DELETE Change Addition TITLE 3.1 DILE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - \$1 - ZIP CITY - ST - ZIP DELETE Change TITLE 4.1 101LE Addition NAME 4.2 NAME STREET ADDRESS 43 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Change OELETE Addition TITLE 61 TITLE 300002544453 6.2 NAME NAME -06/02/98--01031--045 STREET ADDRESS 6.3 STREET ADDRESS \*\*\*5850.00 6 4 Crty - St - ZIP CITY-ST-7iP

14. I hereby certify that the information supplied with this Jung 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 recover of rousice 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 or an all achieves with an address.

IONATURE OF A SHOULD IN

4-27-98 (83)5760037