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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENSTATE

Sandra B. Mori

Secretary of St DIVISION OF CORPOON:

	1997		DIVISION OF CO	1	ì		
DOCI 1. Corpora	JMENT #	P93000	086023 (7)				
	OSTIM, INC.		•				
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D				! 			<u> </u>
8333 W. MC	ace of Business		Mailing Address	1		1 891A) (811A 81111 84111 1142	a dris can.
STE 222	-		8333 W. MCNAB RD. STE 222				
TAMARAC F	L 33321		TAMARAC FL 33321-3203 US		Day I am a constitution	3a. Date of Last Re	
00			00		3. Date Incorporated or Qualified 12/16/1993	05/01/1996	вроп
	Place of Business	- A .C	2a. Mailing Address		4. FEI Number		plied For
		90AUE		WORE	65-0471417	 	t Applicable
Suite, Ap			Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	
City & St	ate MARAC	əl	City & State 28 IAMARAC	e	Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	
Zigo a	221 4	Country	50222	try	8. This corporation has liability for i	ntangible tax under s.	
4 33	30° (25	Address of Current		30	Florida Statutes 10. Name and Address of New Re	Yes XINO	
R(OSSEN, JOEL S			1 Name	5 1.51	Bisseled Whenr	
	187 NW 90 AVE.	(NOTE: This is rected Addression A Change.)	S Street Art	103300		
	MARAC FL 3332	1 Co	prected Addres	78	dress (P.O. Box Number is Not Acceptab	y HUR	
		40	1 2 2 6 2 2 2 2	3			
		N	or A Change.	Cilv		85 ZID	Code
11 Patronia	at to the provisions of	Sections 607 0502	and 607 1509. Florida Statutor		TMATA C rporation submits this statement for the p	FL 33	SOL (
office of	registered agent, o	or both, in the State of	of Florida, Such change was au	thorizy the corpora	ation's board of directors. I hereby accep	of the appointment as	registered
SIGNATURE		A SOCIAL STATE OF THE STATE OF	1 Tosidon	icia sis.	4.	-25-57	
	Surface to 3 or prin		·	Registgent signature req		DATE	
12. HILE	(n)	OFFICERS AND	DIRECTORS	1:	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	
NAME	ROSSEN, JOE	EL S	La victi	2 (noitibh
STREET ADDRESS				15			Addition
CITY -ST - ZIP	TAMARAC FL			12 1:ET ADDRESS	· ·		Addition
Wite		33321		a ,	· ·		
	V		LA DELETE	1.ET ADDRESS 1ST-ZIP 2.E	· · · · · · · · · · · · · · · · · · ·	Change	Addition Addition
NAM:	MARCEA L	OVEJDY	DELETE	1.ET ADDRESS 1ST-ZIP 2.E	· · ·		
name Street address	MARCEA L	YOTEJOY AUA MUL	LA DELETE	1.ET ADDRESS 1ST-ZIP 2.E 2.E 2.E 2.ET ADDRESS			
NAME STREET ADDRESS COLY+S1-ZIP	MARCEA L	OVEJDY	DELETE	1.ET ADDRESS 1ST-ZIP 2.E			
NAME STREET ADDRESS CITY+ST-ZIP TITLE	MARCEA L	YOTEJOY AUA MUL		1.ET ADDRESS 1ST-ZIP 2.E 2.E 2.ET ADDRESS 2Y-ST-ZIP		Change	Addition
NAME STREET ACORES: CITY: ST-ZIP DILE NAME	MARCEA L 1881 NW C Tamarac,	YOTEJOY AUA MUL		1.ET ADDRESS 1ST-ZIP 2.: 2 E 2.EET ADDRESS 2Y-ST-ZIP 3.E		Change	Addition
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NAME STREFY ADDRESS CHY-ST-ZIP THLE NAME STREET ADDRESS CHY-ST-ZIP THRE	MARCEA L 1881 NW C Tamarac,	YOTEJOY AUA MUL		1.ET ADDRESS 1ST-ZIP 2.E 2.E 2.ET ADDRESS 2Y-ST-ZIP 3E 3.E 3.E ADDRESS 3.4; ST-ZIP 4.1		Change	Addition
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14. I do hereby certify that the information supplied with this filling does not qualify for themption 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 andurate 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 topute 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.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRE

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FILED

May 02 1997 8:00am

Secretary of State

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