Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90225 046 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000087798

 Corporation 	n Name	-								
OSBORN	NE & OSBORNE, P.A.					1				
	•								f (8)8 1 (8)1 (88)	
Principal Place of Business Mailing Address							in: Bott offer	13111 I 30 11 I&D(
798 S. FEDERAL HWY P.O. DRAWER 40										
SUITE 100 BOCA RATON FL 33429-9974										
BOCA RATON FL 33432						DO NOT WRITE IN THIS SPACE				
						 Date Incorporated or Qualified 12/27/1993 				
2. Principal Pl	Place of Business 2a. Mailing Address					4. FEI Number	_	A	oplied For	
21						65-0455254			ot Applicable	
Suite, Apt.	. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired		*	Additional	
22	27					J. Connecte of Citation Decision		Fee R	equired	
City & State	te City & State					- 6. Election Campaign Financing			May Be	
23	28					Trust Fund Contribution		Added	to Fees	
Zip	Country Zip Co			try		8. This corporation owes the cur	ent year int		_ \	
24	25	29 3	0			Personal Property Tax.		☐ Yes	□No	
	9. Name and Address of Current	Registered Agent				10. Name and Address of New	Registered	Agent		
			18	31 Nam	e				ľ	
OSBORNE, BRADY R JR				32 Stree	et Addre	ss (P.O. Box Number is Not Accept	able)			
798 S. FEDERAL HWY										
STE. #100				33					ţ	
BOCA RATON FL 33432				34 City				es Zin	Code	
				City			FL	85 Zip	Code	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the abo	ove-name	ed corpo	ration submits this statement for the	purpose of	changing its	registered	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State om familiar with, and accept the obligation	f Florida. Such change was auti	horized l	by the co	rporation	n's board of directors. I hereby acce	pt the appoi	ntment as re	egistered	
	m tamiliar with, and accept the obligati	ons or, section dor.osos, mond	ia Otatut	03 .					J	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	egistered A	gent signatu	re required	when reinstating)	DATE			
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS AN	ID DIRECT		
TITLE	D	☐ DELETE	1,1 TITL	E				☐ Change	Addition	
NAME	OSBORNE, RAY C		1.2 NAM	Ε					1	
STREET ADDRESS	798 S. FEDERAL HWY #100		1.3 STR	EET ADDRES	ss					
CITY-ST-ZIP				-ST-ZIP	1				1	
TITLE	DP	☐ DELETE	2.1 TITL					Change	Addition	
NAME	OSBORNE, BRADY R JR			E		-				
STREET ADDRESS	TOO O PERSONALLANDS OFF MACO			EET ADDRES	25				ľ	
J				Y-ST-ZIP	~					
CITY-ST-ZIP	DOOR INTOIT LE DOTOE	DELETE	3.1 1111		+-			☐ Change	. Addition	
	, 	_ ,	3.2 NAM				. =			
NAME CTOCET + DODDECC				EET ADDRES	26					
STREET ADDRESS					~					
CITY-ST-ZIP		DELETE	3.4. CIT	Y-ST-ZIP	+		_	Change	☐ Addition	
TITLE			4.1 IIIL						_	
NAME									ì	
STREET ADDRESS				EET ADORES	SS					
CITY-ST-ZIP		F) per ere		-ST-ZIP	+		_	☐ Change	Addition	
TITLE		☐ DELETE	5.1 TITL					□ Change	C) Addition	
NAME			5.2 NAM							
STREET ADORESS			5.3 STR	EET ADDRES	35 <u> </u>				Į	

14. I hereby certify that the information supplied with this filing 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 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, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

Change

☐ Addition