

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P95000032362 (2)**

1. Corporation Name

**OSPREY MARKETING, INC.**



Principal Place of Business

**4431 NE 15TH TER  
FT LAUDERDALE FL 33334**

Mailing Address

**4431 NE 15TH TER  
FT LAUDERDALE FL 33334**

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**2a.** Mailing Address

**26** Suite, Apt. #, etc

**22** City & State

**27** City & State

**23** Zip

**28** Zip

Country

**29** Country

**30** Country

9. Name and Address of Current Registered Agent

**Neuenschwander  
NUENSCHWANDER, RUDI  
4431 NE 15TH TERRACE  
FORT LAUDERDALE FL 33334**

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City

**FL** **85** Zip Code

10. Name and Address of New Registered Agent

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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when term of office)

DATE

**12.**

OFFICERS AND DIRECTORS

**13.**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

**DP**

DELETE

NAME

**NEUENSCHWANDER, RUDI**

STREET ADDRESS

**4431 NE 15TH TER**

CITY-ST-ZIP

**FT LAUDERDALE FL 33334**

TITLE

DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

**1.1** TITLE

**1.2** NAME

**1.3** STREET ADDRESS

**1.4** CITY-ST-ZIP

**2.1** TITLE

**2.2** NAME

**2.3** STREET ADDRESS

**2.4** CITY-ST-ZIP

**3.1** TITLE

**3.2** NAME

**3.3** STREET ADDRESS

**3.4** CITY-ST-ZIP

**4.1** TITLE

**4.2** NAME

**4.3** STREET ADDRESS

**4.4** CITY-ST-ZIP

**5.1** TITLE

**5.2** NAME

**5.3** STREET ADDRESS

**5.4** CITY-ST-ZIP

**6.1** TITLE

**6.2** NAME

**6.3** STREET ADDRESS

**6.4** CITY-ST-ZIP

Change  Addition

Change  Addition

Change  Addition

Change  Addition

Change  Addition

Change  Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 changed or on an attachment with an address.

**SIGNATURE:**

*R. Neuenschwander* *Neuenschwander, R. Pres.* *4/16/96*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (12/95)