

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 # P95000060130

1. Corporation Name

OSPREY INVESTMENT CAPITAL MANAGEMENT CORPORATION

Principal Place of Business

101 SEABREEZE BLVD.
MGT. OFFICE
DAYTONA BCH. FL 32118

Mailing Address

101 SEABREEZE BLVD.
MGT. OFFICE
DAYTONA BCH. FL 32118

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 SEP 14 AM 11:38



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/03/1995

4. FEI Number

59-3341156

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

8. This corporation owes the current year
Intangible Personal Property.

Yes No

9. Name and Address of Current Registered Agent

TRIESTER, STANTON L
101 SEABREEZE BLVD.
MGT. OFFICE
DAYTONA BCH. FL 32118

10. Name and Address of New Registered Agent

81 Name

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

900002989489--7

83

-09/17/99--01030--004

84 City

****150.00 Zip Code
FL

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 relating.)

DATE

12. OFFICERS AND DIRECTORS

TITLE DCEO
NAME TRIESTER, STANTON L
STREET ADDRESS 101 SEABREEZE BLVD.
CITY-ST-ZIP DAYTONA BCH. FL 32118

TITLE P
NAME TRIESTER, DAVID E
STREET ADDRESS 711 MT. PLEASANT RD.
CITY-ST-ZIP BRYN MAWR PA 19010

TITLE S
NAME NORSWORTHY, JEAN
STREET ADDRESS 111 PRESIDENTIAL BLVD. #230
CITY-ST-ZIP BALA CYNWYD PA 19004

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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.

SIGNATURE:

4/16/99 (610)667-5400