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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 21 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000042808 (1)

STONE	OSPREY, INC.					
Principal Piace of Business Mailing Address TWO NORTH TAMIAMI TRAIL #312 TWO NORTH TAMIAMI TRAIL SARASOTA FL 34236 SARASOTA FL 34236-5541			AIL #312			
				3. Date Incorporated or Qualified 05/20/1996	3a. Date of Last i	Report
2. Principal	Place of Business	2a. Mailing Address		4. FEI Number	T TA	pplied For
21		26		65-0674559)	lot Applicable
Suite, Apt		Suite, Apt #, etc.		5. Certificate of Status Desired	1 1	Additional lequired
City & Sta	de	City & State		6. Election Campaign Financing		May Be
23 Zip	Country	28	Country	Trust Fund Contribution		to Fees
24	25	29	Country 30	This corporation has liability for Florida Statutes	intangible tax under a	s. 199.032,
	9. Name and Address of Curr		30	10. Name and Address of New Re		
186 Saf	Bhard, h d B ringeing-Boulevard - Pasota fl 34236		83 3 84 City 5	H. DIETER GE ress (P.O. Box Number is Not Acceptate SOUTH ARASOTA	FL 85 Zip	Code
11. Pursuant office or agent. I. SIGNATURE.	Signature, typed or printed name of registerest		es, the above-named corrections the corporatorida Statutes. E. Registered Agent signature requirements.	poration submits this statement for the principle board of directors. I hereby accept the reinstaling of ADDITION CHANGES TO OFFICE	DATE	47
TITLE			1.1 TITLE	ADDITIONS CHANGES TO OFFICE	Change	Addition
NAME	D.VP.T H.DIETER GEBH 1774 SOUTH DR	AKD	1,2 NAME			
STREET ADDRESS	1774 SOUTH DK	VE	1.3 STREET ADDRESS			
CITY-ST-ZIP	SHRASOTA FL 3		1.4 CITY - ST - ZIP			
TITLE	D,P	L DELETE	2.1 TITLE		☐ Change	Addition
STREET ADDRESS	GERU PETRIK	0 318155 217	2 2 NAME			
DITY-ST-ZIP	GELD PETLIK 2D.TAMIAMIT SAKASOTA F	34236	2 3 STREET ADDRESS 2. 4 CITY - ST- ZIP			
TITLE	VP,5	☐ DELETE	31 TITLE		☐ Change	Addition
NAME	LINDA GEBHAN	20	3.2 NAME			
STREET ADDRESS			3 3 STREET ADDRESS			
CITY - ST - ZIP	GAKASOTA F		3.4. CITY-ST-ZIP			
THILE		☐ DELETE	4 1 TITLE		L Change	☐ Addition
NAME CORES ADDRESSE			4 2 NAME			
STREET ADDRESS CITY+ST-ZIP			4.3 STREET ADDRESS			
TITLE	 	DELETE	4 4 CITY - ST - ZIP 5 1 TITLE		Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY - ST - ZIP	<u> </u>		5 4 CITY - ST - ZIP			
TOLE		DELETE	6.1 TITLE		☐ Change	☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			

14. I do 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 12 if chapted, or on an attachment with an address.

SIGNATURE:

SIGNATURE:

6.4 CITY - ST - ZIP