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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P96000067601 (0)

OSBORN & ROBERT, INC.

Principal Place of Business

Mailing Address

## **FILED** Feb 09 1998 8:00am Secretary of State



180 SEABREEZE AVENUE PALM BEACH FL 33480		160 SEABREEZE AVENUE PALM BEACH FL 33480				DO NOT WRITE IN THIS SF  3. Date Incorporated or Qualified	'ACE		
						08/12/1996		į	
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number	A	pplied For	
21		26				65-0690310	N	ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional	
22		27						equired	
City & State	e	City & State				6, Election Campaign Financing		May Be	
23 Zia	28 Country 7ip Cou			•		Trust Fund Contribution L.		to Fees	
Zip 24	25	29	Count 30	ıy		<b>8.</b> This corporation owes or has paid the curre Personal Property Tax due June 30.		tangible   No	
24	g, Name and Address of Current		[30]			Personal Property Tax due June 30. LJ Yes 🔌 No  10. Name and Address of New Registered Agent			
DE	GALBUTO, JASON		8	1	Name				
	) SEABREEZE AVENUE		8	1	Charat Ardelese	/D.O. Box Number in Not Assertable)			
PALM BEACH FL 33480				2	Street Addres	Street Address (P.O. Box Number is Not Acceptable)			
1 131	EN DENOTT E GOTO		8	3			. ==		
			8	4	City		<b>85</b> Zip	Code	
					Oity	FL	<b>03</b> E/p		
Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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 Statules.  SIGNATURE  Signature, typed or professional of registered agent and time if applicable.  (NOTE: Registered Agent's gnature required when reinstating)  DATE									
12.	OFFICERS AND		13.	gern	1 s gristiane responed	ADDITIONS/CHANGES TO OFFICERS AND [	DIRECTO	3S IN 12	
TITLE			1.1 TITLE				Change	and the same of th	
NAME	REGALBUTO, JASON R		1.2 NAM	ŧ				Į	
STREET ADDRESS	160 SEABREEZE AVENUE		1.3 STR		ADDRESS				
CITY-ST-ZIP	PALM BEACH FL 33480		1.4 CITY - ST						
TITLE	D	DELETE	2.1 TITLE	2.1 TITLE			Change	Addition	
NAME	REGALBUTO, WILDER B		2.2 NAME	2.2 NAME 2.3 STREET ADORESS					
STREET ADDRESS	160 SEABREEZE AVENUE		2.3 STREE						
CITY-ST-ZIP	PALM BEACH FL 33480		2.4 C(TY+S1+Z(P		· ZIP		_		
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NAME			3.2 NAME		İ				
STREET ADDRESS			3.3 STREET ADDRESS						
CITY-ST-ZIP	William Co.		3.4. CITY		- ZIP	· · · · · · · · · · · · · · · · · · ·	1 0	T targe	
TITLE			4.1 TITLE			L	Change	☐ Addition	
NAME	- I		4. 2 NAM		.			į	
STREET ADDRESS			4.3 STREI					1	
CITY-ST-ZIP		DELETE	4.4 CITY - 5.1 TITLE		- ZIP		Change	Addition	
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NAME OTREET ADDRESS					unnerçç				
STREET ADDRESS			5 3 STREE 5 4 City -						
CITY-ST-ZIP TITLE		54C			- Or		LChanne	Addition	
NAME		□ ми	6.2 NAME			3000024267 <b>6</b> -02/10/9801060004		νς	
STREET ADDRESS			6.3 STREE		inneess	-02/10/9801060004		75	
SINEEL WINNESS			0.3 SINE			***150.00		69	

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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if challded, or of an attachment with an address.