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 # P96000072953 (8)

KEN OSBORNE SURVEYING SERVICES, INC.

FILED Apr 24 1998 8:00am Secretary of State



Principal Place of Business	Mailing Address				
13135 85TH ROAD NORTH W. PALM BEACH FL 33412 13135 85TH ROAD NORTH W. PALM BEACH FL 33412				DO NOT WRITE IN TI	HIS SPACE
				3. Date Incorporated or Qualified 08/28/1996	
2. Principal Place of Business 2a. Mailing Address				4. FEI Number	Applied For
	No 26 San	<u>10</u>		65-0687046	Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 334/2 25 Country US		Count	ту 	This corporation owes or has paid the Personal Property Tax due June 30.	Yes No
	Current Registered Agent	8		10. Name and Address of New Register	ed Agent
OSBORNE, KENNETH J			1 Name		
13135 85TH ROAD NORTH			2 Street Addr	ess (P.O. Box Number is Not Acceptable)	
W. PALM BEACH FL 33412		8:	3		
		8-	4 City		85 Zip Code
11. Pursuant to the provisions of Sections 6 office or registered agent, or both, in the agent I am familiar with, and agent to	607.0502 and 607.1508, Florida Statuta e State of Florida. Such change was a e obligations of Section 607.0505, Flo	es, the about authorized b	ve-named corp by the corporat	poration submits this statement for the purposion's board of directors. I hereby accept the	
SIGNATURE Ke- Colo	d danigations of, dedicar our loods, Fig	mod otatat			
Signature typed or printed name of regis	Stored agent and title it applicable (NOTE	Registered A	gent signature requir	red when reinstaling) DA	re
	RS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	
TITLE P	☐ DELETE	1.1 TrilE			Change Addition
NAME OSBORNE, KENNETH		1.2 NAME];
STREET ADDRESS 13135 85TH ROAD NO			T ADDRESS		
CITY-ST-ZIP WEST PALM BEACH FI	L DELETE	1.4 CITY-			Change Addition
TITLE		2.1 TITLE	l l		Change C Addition 1
NAME		2.2 NAME			
STREET ADDRESS		- 1	T ADDRESS		
CITY-ST-ZIP TITLE	☐ DELETE	2.4 CITY 3.1 TITLE			Change Addition
NAME		3.2 NAME			2 Shange 2 Nochton
STREET ADDRESS			T ADDRESS		
CITY-ST-ZIP		3.4. CITY	,		
TITLE	☐ DELETE	4.1 TITLE			Change Addition
NAME		4. 2 NAM	₌)		
STREET ADDRESS		4.3 STREE	T ADDRESS		
CITY-ST-ZIP		4.4 CITY-	ST-ZIP		
TITLE	DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME		5.2 NAME	1		
STREET ADDRESS		5 3 STREE	T ADDRESS		
CITY-ST-ZIP		5.4 CiTY-	ST-ZIP		
TITLE	DELETE	6.1 TITLE			. Change Addition
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREE	T ADDRESS		
CITY-ST-ZIP		6.4 City-	ST-ZiP		
44 17 1 19 1 19 1					

Thereby 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 employered 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.