

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

FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90016 010 ***158.75

DOCUMENT #

1. Corporation Name

Osborn Group, Inc ✓

Principal Place of Business

Mailing Address

1644 Sweetwater West Circle
Apopka, Florida 32712

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

4/1/97

4. FET Number

59-344 1912 ✓

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 Tax.

□ Yes

✓ No

2. Principal Place of Business

2a. Mailing Address

21 ~~Apopka, Florida~~
Suite, Apt. #, etc. 4070 Anna Drive

26 1644 Sweetwater West Circle
Suite, Apt. #, etc.

23 City & State

Apopka FL

28 City & State

Apopka FL

24 Zip

32703

25 Country

USA

29 Zip

32712

30 Country

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Dale Lind
1644 Sweetwater West Circle
Apopka, FL 32712

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 reinstating)

DATE

4/25/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE President
NAME Dale Lind
STREET ADDRESS 1644 Sweetwater West Circle
CITY-ST-ZIP Apopka, FL 32712

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE Vice President
NAME Gregora A. Efta
STREET ADDRESS 314 Sabal Park Place #20
CITY-ST-ZIP Longwood, FL 32779

2.1 TITLE Vice President
2.2 NAME Gregora A. Efta
2.3 STREET ADDRESS 406 Fox Valley Drive
2.4 CITY-ST-ZIP Longwood, FL 32779

TITLE Vice President
NAME Frederick D. Armstrong
STREET ADDRESS 4070 Anna Drive
CITY-ST-ZIP Apopka, FL 32703

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dale Lind

4/24/99

352-383-2199

CR2E034 (11/98)