


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

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90066 047 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000042095

1. Corporation Name
OSIDA, INC.

Principal Place of Business 4341 OAKVIEW DRIVE SARASOTA FL 34232	Mailing Address 4341 OAKVIEW DRIVE SARASOTA FL 34232
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 8499 S. TAMiami TRAIL	2a. Mailing Address 26 8499 S. TAMiami TRAIL
Suite, Apt. #, etc. 22 Box 218	Suite, Apt. #, etc. 27 Box 218
City & State 23 SARASOTA, FL	City & State 28 SARASOTA, FL
Zip Country 24 34238 25 USA	Zip Country 29 34238 30 USA

3. Date Incorporated or Qualified 05/13/1997	
4. FEI Number 65-0752544	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**JAENSCH, P. CHRISTOPHER
 3400 S TAMiami TRAIL
 SUITE 303
 SARASOTA FL 34239**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BUTTNER, OSWALD	
STREET ADDRESS	4341 OAKVIEW DRIVE	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SUTTNEROVA, DARINA	
STREET ADDRESS	4341 OAKVIEW DR	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	8499 S. TAMiami TRAIL Box 218
1.4 CITY-ST-ZIP	SARASOTA FL 34238
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	8499 S. TAMiami TRAIL, Box 218
2.4 CITY-ST-ZIP	SARASOTA, FL 34238
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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]* **REQUIRED** _____ Date _____ Daytime Phone # _____

CR2E034 (11/98)