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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P97000064405 (8)

OZBRO, INC.

Principal Place of Business

Mailing Address

424 8TH AVENUE N.E. LARGO FL 33770

424 6TH AVENUE N.E. **LARGO FL 33770** 

## **FILED** May 11 1998 8:00am Secretary of State



|   |   |                     |                         |           | 3. Date Incorporated or Qualified                       |                                   |
|---|---|---------------------|-------------------------|-----------|---|-----------------------------------|
| 9 Principal Pl  | ace of Business                                     | 2a. Mailing Address |                         |           | 07/25/1997<br>4. FEI Number                             | Applied For                       |
| 21 730  | 2 W. DR. MLK JR.                                    | 26 525 2 6          | يحدكاك                  | IE ST.    | 59-3464113  | Not Applicable                    |
| Suite, Apt.   | 1   | Suite, Apt. #, etc. |                         |           | 5. Certificate of Status Desired                        | \$8.75 Additional<br>Fee Required |
| City & State  | City & State  City & State  City & State  28 DUEDGN |                     |                         |           | Election Campaign Financing     Trust Fund Contribution | \$5.00 May Be<br>Added to Fees    |
| Zip   | Country   | - 39.11. a.C.       | Country                 |           | 8. This corporation owes or has paid the curre          |                                   |
| 24 3360+ 25 Hausburgan 34670 30   |   |                     | 0 120                   | MELKS     |   | Yes No                            |
| 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  10. Name and Address of New Registered Agent  11. Name  |   |                     |                         |           |   |                                   |
| MOORE, STEVEN W   |   |                     |                         |           |   |                                   |
| 18167 U.S. HIGHWAY 19 NORTH   |   |                     | 82 Street Addre         |           | ess (P.O. Box Number is Not Acceptable)                 |                                   |
| SUITE 150<br>CLEARWATER FL 34624  |   |                     | 83                      |           |   |                                   |
| CH  | EMNIMIEN FL 04024                                   |                     |                         |           |   | ( L 7:                            |
|   |   |                     | 84                      | City      | FL  | 85 Zip Code                       |
| 44 Purguant 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 Signature typed or product name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE  DATE  |   |                     |                         |           |   |                                   |
| 12.   | OFFICERS AND  | ·                   | 13.                     |           | ADDITIONS/CHANGES TO OFFICERS AND I                     | DIRECTORS IN 12                   |
| TITLE   | D   | DELETE              | 11 TITLE                |           |   | Change Addition                   |
| NAME  | OSBORNE, SEAN W                                     |                     | 1.2 NAME                |           |   | ;                                 |
| STREET ADDRESS  | 424 6TH AVENUE N.E.                                 |                     | 1.3 STREE               | T ADDRESS |   | ļ <u>i</u>                        |
| CITY-ST-ZIP   | LARGO FL 33770                                      |                     | 1.4 CITY - 3            | ST - ZIP  |   |                                   |
| TITLE   | D   | ☐ DEL <b>ete</b>    | 21 TITLE                |           | L   | Change                            |
| NAME  | OSBORNE, TODD C                                     |                     | 22 NAME                 |           |   |                                   |
| STREET ADDRESS  | 424 6TH AVENUE N.E.                                 | :                   |                         | ADDRESS   |   |                                   |
| CITY-ST-ZIP   | LARGO FL 33770                                      | Drutt               | 2.4 CITY-               | ST-ZIP    |   | Change Addition                   |
| TITLE   | D ACRONIC DICUARD                                   | ☐ DELETE            | 31 TITLE                |           | ι   | Orlange                           |
| NAME<br>PERFECT APPROPRIE   | OSBORNE, RICHARD<br>424 6TH AVENUE N.E.             |                     | 32 NAME                 | T ADDDECC |   |                                   |
| STREET ADDRESS  | LARGO FL 33770                                      | •                   |                         | T ADDRESS |   |                                   |
| CITY-ST-ZIP<br>TITLE  | ENIGO I E 00//0                                     | DELETE              | 3.4. CITY-<br>4.1 TITLE | 01-11     |   | Change Addition                   |
| NAME  |   |                     | 4. 2 NAME               |           | •   | "                                 |
| STREET ADDRESS  |   |                     |                         | T ADDRESS |   |                                   |
| CITY-ST-ZIP   |   |                     | 4.4 CITY-1              | S1 - ZIP  |   |                                   |
| TITLE   |   |                     | 5.1 TITLE               |           |   | Change Addition                   |
| NAME  |   |                     | 5.2 NAME                |           |   |                                   |
| STREET ADDRESS  |   |                     | 5.3 STREE               | I ADDRESS |   |                                   |
| CITY-ST-ZIP   |   |                     | 5.4 CITY-               | ST-ZIP    |   |                                   |
| TITLE   |   | ☐ DELETE            | 6.1 TITLE               |           | [   | Change Addition                   |
| NAME  |   |                     | 6.2 NAME                |           |   |                                   |
| STREET ADDRESS  |   |                     | 63 STREE                | T ADDRESS |   |                                   |
| CITY . CT. 7ID  |   |                     | 6 A CITY.               | et . 710  |   | 1                                 |

64 CITY-ST-2IP
Upplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information plemental arrupal report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an in the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in an attachment with an address. 14. I hereby certify that the information's indicated on this annual report or su officer or director of the corporation Block 12 or Block 13 if change), or