

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

FILED

Mar 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham , Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000079396 (2)**

1. Corporation Name

OSPREY DEVELOPMENT GROUP, INC.



Principal Place of Business

**1390 MAIN STREET
SARASOTA FL 34236**

Mailing Address

**1390 MAIN STREET
SARASOTA FL 34236**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 1830 S. Osprey AVENUE	26 1830 S. Osprey AVENUE
22 # 100B	27 # 100B
23 SARASOTA, FL	28 SARASOTA, FL
24 34239	29 34239

3. Date Incorporated or Qualified	4. FEI Number	Applied For
09/12/1997	59-3468782	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	6. Election Campaign Financing	7. Additional Fee Required
<input type="checkbox"/>	<input type="checkbox"/>	\$8.75
8. This corporation owes or has paid the current year Intangible	9. Personal Property Tax due June 30.	10. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

11. Name and Address of Current Registered Agent
MCCURDY, JEFFREY 1390 MAIN STREET SARASOTA FL 34236

12. Name and Address of New Registered Agent
81 Name JEFFREY McCurdy
82 Street Address (P.O. Box Number is Not Acceptable)
1830 S. Osprey AVE., # 100A
83
84 City SARASOTA
85 Zip Code FL 34239

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	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1.2 NAME P D WILLIAM D. GRIFFIN
STREET ADDRESS	1.3 STREET ADDRESS 1830 S. Osprey AVE., # 100A
CITY-ST-ZIP	1.4 CITY-ST-ZIP SARASOTA, FL 34239
TITLE <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2.2 NAME JEFFREY McCurdy
STREET ADDRESS	2.3 STREET ADDRESS 1830 S. Osprey AVE., # 100A
CITY-ST-ZIP	2.4 CITY-ST-ZIP SARASOTA, FL 34239
TITLE <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3.2 NAME
STREET ADDRESS	3.3 STREET ADDRESS
CITY-ST-ZIP	3.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4.2 NAME
STREET ADDRESS	4.3 STREET ADDRESS
CITY-ST-ZIP	4.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5.2 NAME
STREET ADDRESS	5.3 STREET ADDRESS
CITY-ST-ZIP	5.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6.2 NAME
STREET ADDRESS	6.3 STREET ADDRESS
CITY-ST-ZIP	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.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone # 6883078

CR2E034 (10/97)