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FILED  
May 08 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000100258 (7)

1. Corporation Name  
OSIS, INC.



Principal Place of Business

Mailing Address

14321 SW 96TH LANE  
UNIT 5  
MIAMI FL 33186

14321 SW 96TH LANE  
UNIT 5  
MIAMI FL 33186

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 6919 TOWN HARBOUR BLVD  
Suite, Apt. #, etc.  
22 # 818

City & State  
23 BOCA RATON, FL

Zip  
24 33433

Country  
25 USA

2a. Mailing Address

26 6919 TOWN HARBOUR BLVD  
Suite, Apt. #, etc.  
27 # 818

City & State  
28 BOCA RATON, FL

Zip  
29 33433

Country  
30 USA

3. Date Incorporated or Qualified

11/25/1997

4. FEI Number

65-0821255

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GUTHRIE, MARK O  
14321 SW 96TH LANE  
UNIT 5  
MIAMI FL 33186

10. Name and Address of New Registered Agent

81 Name

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

6919 TOWN HARBOUR BLVD

83 # 818

84 City

BOCA RATON, FL

85 Zip Code

33433

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/22/98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D  
GUTHRIE, MARK O  
STREET ADDRESS 14321 SW 96TH LANE, UNIT 5  
CITY-ST-ZIP MIAMI FL 33186

TITLE ☐ DELETE

NAME D  
CUDDIHY, MADONNA  
STREET ADDRESS 1200 S PINE ISLAND ROAD  
CITY-ST-ZIP PLANTATION FL 33323

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 6919 TOWN HARBOUR BLVD # 818

1.4 CITY-ST-ZIP BOCA RATON, FL 33433

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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.

SIGNATURE: [Signature]

4/22/98

CR2E034 (10/97)