

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

FILED
May 13 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 # <u>9970000104828</u> 1. Corporation Name <u>Osipov Estate Buyers, Inc.</u>			
Principal Place of Business <u>7840 GLADES ROAD Suite 165</u> <u>BOCA RATON, FLORIDA 33434-4102</u>		Mailing Address <u>7840 GLADES ROAD</u> <u>Suite 165</u> <u>BOCA RATON, FLORIDA 33434-4102</u>	
2. Principal Place of Business 21 <u>7840 GLADES ROAD</u> Suite, Apt. #, etc. <u>Suite 165</u> City & State <u>BOCA RATON, Florida</u> Zip <u>33434-4102</u> Country <u>USA</u>		2a. Mailing Address 26 <u>7840 GLADES ROAD</u> Suite, Apt. #, etc. <u>Suite 165</u> City & State <u>BOCA RATON, Florida</u> Zip <u>33434-4102</u> Country <u>USA</u>	
3. Date Incorporated or Qualified <u>December 12, 1997</u>		4. FEI Number <u>65-0807847</u>	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No		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 <u>Gregory Osipov</u> <u>7840 GLADES ROAD</u> <u>Suite 165</u> <u>BOCA RATON, FLORIDA 33434-4102</u>		10. Name and Address of New Registered Agent 81 Name <u>Gregory Osipov</u> 82 Street Address (P.O. Box Number is Not Acceptable) <u>7840 GLADES ROAD - Suite 165</u> 83 <u>BOCA RATON, FL</u> 84 City <u>BOCA RATON</u> 85 Zip Code <u>33434</u>	
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 <u>Gregory Osipov</u> DATE <u>4/30/98</u>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		1.1 TITLE ☒ Change ☒ Addition 1.2 NAME <u>President</u> 1.3 STREET ADDRESS <u>Gregory Osipov</u> <u>7840 GLADES ROAD - Suite 165</u> 1.4 CITY-ST-ZIP <u>BOCA RATON, FL 33434</u>	
2. TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE ☒ Change ☒ Addition 2.2 NAME <u>IVAN KURCSINKA</u> 2.3 STREET ADDRESS <u>7840 GLADES ROAD - Suite 165</u> 2.4 CITY-ST-ZIP <u>BOCA RATON, FL 33434</u>	
3. TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE ☐ Change ☒ Addition 3.2 NAME <u>KATHY OSIPOV</u> 3.3 STREET ADDRESS <u>7840 GLADES ROAD - Suite 165</u> 3.4 CITY-ST-ZIP <u>BOCA RATON, FL 33434</u>	
4. TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE ☒ Change ☒ Addition 4.2 NAME <u>JANE KURCSINKA</u> 4.3 STREET ADDRESS <u>7840 GLADES ROAD - Suite 165</u> 4.4 CITY-ST-ZIP <u>BOCA RATON, FL 33434</u>	
5. TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE ☐ Change ☐ Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
6. TITLE ☐ DELETE NAME STREET ADDRESS 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 person 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.		200002524832 -05/15/98-01010-048 ***150.00	
SIGNATURE: <u>Gregory Osipov</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		President <u>x</u> 561-488-2863	

CR2E034 (10/97)