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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000104828

1. Corporation Name

OSIPOV ESTATE BUYERS, INC.

## FILED Mar 17, 1999 8:00 am **Secretary of State**

03-17-1999 90045 008 \*\*\*150.00



Mailing Address Principal Place of Business 7840 GLADES ROAD. SUITE 165 7840 GLADES ROAD, SUITE 165 **BOCA RATON FL 33434-4102** BOCA RATON FL 33434-4102 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 12/12/1997 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Applied For 65-0807847 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Country This corporation owes the current year intangible Zip Country Zip ☐ Yes 30 25 29 Personal Property Tax. 24 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name **OSIPOV. GREGORY** Street Address (P.O. Box Number is Not Acceptable) 82 7840 GLADES ROAD, SUITE 165 **BOCA RATON FL 33434** 83 Zip Code 85 84 City 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 DELETE 1.1 TITLE TITLE OSIPOV, GREGORY 1.2 NAME NAME 7840 GLADES ROAD, SUITE 165 1.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33434** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change ☐ Addition 2.1 TITLE TITLE OSIPOV. KATHY 2.2 NAME NAME 7840 GLADES ROAD, SUITE 165 2.3 STREET ADORESS STREET ADORES **BOCA RATON FL 33434** 2.4 CITY-ST-ZIP CITY-ST-ZiP Addition ☐ Change □ DELETE 3.1 TITLE TITLE KURSCINKA, IVAN 3.2 NAME NAME 7840 GLADES ROAD, SUITE 165 3.3 STREET ADORESS STREET ADDRES **BOCA RATON FL 33434** 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ DELETE TITLE 4.1 7TTLE KURCSINKA, JANE 4. 2 NAME NAME 7840 GLADES ROAD, SUITE 165 4.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33434** 4.4 CITY+ST-ZIP CITY-ST-ZIF Addition ☐ Change □ DELETE 5.1 TITLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY+ST-ZIP CITY-ST-ZIF Addition □ DELETE 6.1 TITLE ☐ Change TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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.

CR2E034 (11/98)