

02191999-90105-002-\$150.00-\$150.00

001504

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000019644			
1. Corporation Name CDCT OSBORNE, INC.			
Principal Place of Business 2075 EAST M. L. KING BLVD TAMPA FL 33610		Mailing Address 2075 EAST M. L. KING BLVD TAMPA FL 33610	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business		3. Date Incorporated or Qualified 03/02/1998	
21	2a. Mailing Address	4. FEI Number 59-3552618	
Suite, Apt. #, etc.		Applied For Not Applicable	
22	2b. Mailing Address	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23	2c. Mailing Address	7. This corporation owes the current year Intangible Personal Property Tax <input type="checkbox"/> Yes <input type="checkbox"/> No	
City & State		8. Name and Address of New Registered Agent	
24	2d. Mailing Address	9. Name and Address of Current Registered Agent	
City & State		WASHINGTON, LYNN C 701 BRICKELL AVENUE MIAMI FL 33131	
25	2e. Mailing Address	81 Name	
City & State		82 Street Address (P.O. Box Number is Not Acceptable)	
26	2f. Mailing Address	83	
City & State		84 City	
27	2g. Mailing Address	FL 85 Zip Code	
11. Pursuant to the provisions of Sections 607.0602 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			
12. OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
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)

SIGNATURE: Chloe Coney

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/99 (813) 248-4339