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 # P98000029459 1. Corporation Name

OSPREY ONE, INC.

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

24

2996 HANSON STREET FT. MYERS FL 33916-7510 Mailing Address

2996 HANSON STREET FT. MYERS FL 33916-7510

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90082 032 ***150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 03/31/1998 4. FEI Number Applied For 00 Not Applicable \$8.75 Additional 5. Certificate of Status Desired

6. Election Campaign Financing

Fee Required

\$5.00 May Be

		28				Trust Fund Contribution Added to Fees			
ip	Country 25	29	Zip	30 Co	untry	try 8. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☐ No			
	9. Name and Address of Current Registered Agent				, 10. Name and Address of New Registered Agent				
	GREEN, BRUCE D 12800 UNIVERSITY DRIVE				81 Name MICHAEL M. MITCHELL 82 Strengedgeg (P.O. Box Number is Not Appendix) 183 Strengedgeg (P.O. Box Number is Not Appendix) 184 Strengedgeg (P.O. Box Number is Not Appendix)				
FORT MYERS FL 33907				83	33				

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. Japp familiar with, and accept the appointment as registered in agent. Japp familiar with, and accept the appointment of Section 607.0505, Florida Statutes.

SIGNATURE (FIGURE 1) Paristrant Association (Included Association Asso								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remissating)								
12.	O GEFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	PLESIDENT DRECTOR DELETE	1.1 TITLE	Change Addition					
NAME	michael M. Mitchell	1.2 NAME						
STREET ADORESS	aggic thanson St.	1.3 STREET ADDRESS						
CITY-ST-ZIP	FORT MUFRS, FL 33916	14 CITY-ST-ZIP						
TITLE	DELETE	2.1 TITLE	☐ Change ☐ Addition					
NAME		2.2 NAME						
STREET ADDRESS		2.3 STREET ADDRESS						
CITY-ST-ZIP		2.4 CITY-ST-ZIP						
TITLE	DELETE	3.1 TTTLE	Change Addition					
NAME		3.2 NAME						
STREET ADORESS		3.3 STREET ADDRESS						
CITY-ST-ZIP		3.4 CITY-ST-ZIP						
TITLE	DELETE	4.1 TITLE	Change Addition					
NAME		4. 2 NAME						
STREET ADDRESS		4.3 STREET ADDRESS						
CITY-ST-ZIP		4.4 CITY-ST-ZIP						
TITLE	DELETE	5.1 TITLE	☐ Change ☐ Addition					
NAME	,	5.2 NAME						
STREET ADDRESS		5.3 STREET ADDRESS						
CITY-ST-ZIP		5.4 CITY-ST-ZIP						
TITLE	☐ DELETE	6.1 TITLE	Change Addition					
NAME		6.2 NAME	ļ					
STREET ADDRESS		6.3 STREET ADDRESS						

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.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

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