

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P98000078350**

1. Corporation Name

**OSPREY CONSULTING, INC.**

Principal Place of Business

**800 COQUINA LANE APT #203  
VERO BEACH FL 32963**

Mailing Address

**800 COQUINA LANE APT #203  
VERO BEACH FL 32963**

**INCORRECT**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**09/04/1998**

4. FEI Number

**59-3535683**

Applied For

Not Applicable

2. Principal Place of Business

**21** Suite, Apt. #, etc.

2a. Mailing Address

**26** **P.O. BOX 3323**

22 City & State

**23** City & State

**24** Zip

**25** Country

27 Suite, Apt. #, etc.

28 City & State

**29** **VERO BEACH, FL**

**30** **32964**

**31** **USA**

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 the current year  
Intangible Personal Property.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**EVANS, RALPH L  
3355 OCEAN DRIVE  
VERO BEACH FL 32963**

81 Name

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

83

84 City

**FL**

85 Zip Code

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

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **EALOVEGA, GEORGE D**

STREET ADDRESS **P.O. BOX 3323 N/A**

CITY-ST-ZIP **VERO BEACH FL 32964**

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

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CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME ☐ Change ☐ Addition

1.3 STREET ADDRESS ☐ Change ☐ Addition

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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.

**GEORGE D. EALOVEGA**

SIGNATURE:

*George D. Ealovega*

**7/8/99**

**(561) 231-8987**

CR2E034 (5/99)

FAX MESSAGE-----FAX MESSAGE-----FAX MESSAGE-----

FAX TO: \_\_\_\_\_ DATE: \_\_\_\_\_ 589956-9006-12  
P48000078350

FAX NO. \_\_\_\_\_ TOTAL PAGES: \_\_\_\_\_

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FROM: GEORGE D. EALOVEGA  
P.O. BOX 3323  
VERO BEACH, FL 32964 USA

TEL: (561) 231-8987 FAX: (561) 234-6662

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OSPREY CONSULTING, INC.  
P.O. BOX 3323  
VERO BEACH, FL 32964

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

7/8/99

Yesterday, I received in the mail, your second notice to file an annual report for OSPREY CONSULTING.....I never received a FIRST notice. I can only assume that it too was sent to the wrong address as was this second notice, which fortunately, the Post Office did forward on to me. Enclosed are copies of your envelope and of other official correspondence to OSPREY showing that the correct mailing address is and always has been P.O. BOX 3323. I called your (850) 488-9000 number and was told to send the annual report, a check for \$150.00, and a letter of explanation to this address.

Sincerely yours,  
  
George D. Ealovega