

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

FILED  
May 10, 1999 8:00 am  
Secretary of State

05-10-1999 90095 030 \*\*\*150.00

DOCUMENT # P98000084614

1. Corporation Name  
OSSO MYERSON ENTERPRISES, INC.

Principal Place of Business  
8950 NW 70TH CT.  
PARKLAND FL 33067

Mailing Address  
8950 NW 70TH CT.  
PARKLAND FL 33067

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/01/1998

4. FEI Number  
65-0866389

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business  
21 1380 S. Federal Hwy

2a. Mailing Address  
26 7421 W. Cypresshead Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 City & State  
Deerfield Bch, FL

28 City & State  
Parkland, FL

24 Zip Country  
33441 U.S.

29 Zip Country  
33067 U.S.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MYERSON, ANGELA  
8950 NW 70TH CT.  
PARKLAND FL 33067

81 Name  
Myerson, Angela

82 Street Address (P.O. Box Number is Not Acceptable)  
7421 W. Cypresshead Dr.

83

84 City  
Parkland

85 Zip Code  
FL 33067

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 MYERSON, ANGELA  
STREET ADDRESS 8950 NW 70TH CT.  
CITY-ST-ZIP PARKLAND FL 33067

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition  
1.2 NAME Myerson, Angela  
1.3 STREET ADDRESS 7421 W. Cypresshead Dr.  
1.4 CITY-ST-ZIP Parkland, FL 33067 ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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, with all other like empowered.

SIGNATURE:

Angela Myerson

Angela Myerson

4-30-99 (954)755-3790

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0163605