2000	IINIFORM RIISI	NESS REPO	RT (URR	13				
2000, UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P98000089514 1. Entity Name OSA PARTNERS, INC.					FILED 00 APR 17 AM 10: 38			
Oringinal Plan	o of Puninger	Mailing Address			SECRETARY OF ST	ATE		
Principal Place of Business 1375 W. HILLSBORO BLVD. DEERFIELD BEACH FL 33442		1375 W. HILLSBORO BLVD. DEERFIELD BEACH FL 33442-1719		No.	SECRETARY OF STA TALLAHASSEE, FLOF	₹IDA		
		I a Maillan Andrea						
2. Principal P	lace of Business	3. Mailing Address				1831 0 10101 0 11 5 1 170	III BIBI KEBK	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4 . F	FEI Number 65-0869536		plied For t Applicable	
Zip	Country	Zip	Country	5. (Certificate of Status Desired	\$8.75 Add Fee Required		
	6. Name and Address of Current F	l Registered Agent	Name	7. 1	Name and Address of New Registered	d Agent		
1375	erson, larry W. Hillsboro Blyd. Rfield Beach Fl 33442		Street Ad	dress (P.O. B	lox Number is Not Acceptable)	■ Zip Code		
8. The above	named entity submits this statement for	the purpose of changing its		registered ag	ent, or both, in the State of Florida.	<u> </u>	···	
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable (NOT)	E: Registered Agent signatur	e required when re	einstating) DATE			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of S		0.00	Election Campaign Financing Trust Fund Contribution.		0 May Be I to Fees	
11.	OFFICERS AND I		12.	AC	DDITIONS/CHANGES TO OFFICERS AT			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ANDERSON, LARRY W 1375 W. HILLSBORO BLVD DEERFIELD BEACH FL 33442	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		500003213 -04/18/00 ****748.75	Change 3535- 01105-0 ****15		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ANDERSON, JEFFREY M 1375 W. HILLSBORO BLVD DEERFIELD BEACH FL 33442	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, ROBERT W 1375 W. HILLSBORO BLVD DEERFIELD BEACH FL 33442	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, NORMAN E 1375 W. HILLSBORO BLVD DEERFIELD BEACH FL 33442	☐ Delete	TITLE NAME STREET ADDRESS City-St-zip		*	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DECINICED BEAUTIFE SUME	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		d age.	☐ Change	☐ Addition	
TITLE NAME		☐ Delete	TITLE NAME STREET ADDRESS			☐ Change	☐ Addition	

13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if the supplemental report with an agrees with all other like empowered to supplemental report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if the supplemental report is true and accurate and that my name appears in Block 11 or Block 12 if the supplemental report is true and accurate and that my name appears in Block 11 or Block 12 if the supplemental report is true and accurate and that my name appears in Block 11 or Block 12 if the supplemental report is true and accurate and that my name appears in Block 11 or Block 12 if the supplemental report is true and accurate and that my name appears in Block 11 or Block 12 if the supplemental report is true and accurate and that my name appears in Block 11 or Block 12 if the supplemental report is true and accurate and that my name appears in Block 11 or Block 12 if the supplemental report is true and accurate and that my name appears in Block 11 or Block 12 if the supplemental report is true and accurate and that my name appears in Block 11 or Block 12 if the supplemental report is true and accurate and that my name appears in Block 11 or Block 12 if the supplemental report is true and accurate and that my name appears in Block 11 or Block 12 if the supplemental report is true and accurate and that my name appears in Block 11 or Block 12 if the supplemental report is true and accurate and the supplemental report is true and accurate and the supplemental report is true and accurate

CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR