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May 13, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999

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

548588 - 90019 - 6

DOCUMENT # P98000093927

1. Corporation Name
Amp Options

[redacted]

DO NOT WRITE IN THIS SPACE

Principal Place of Business
C/O CRAIG OSborn
180 S. C.R. 427
LONGWOOD FL 32750
US

Mailing Address
C/O CRAIG OSborn
180 S. C.R. 427, SUITE 108
LONGWOOD FL 32750
US

3. Date Incorporated or Qualified

2. Principal Place of Business (21)	2a. Mailing Address (26)	4. FEI Number 59-3545552 — Applied For / Not Applicable
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)	5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
City & State (23)	City & State (28)	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
Zip (24) Country (25)	Zip (29) Country (30)	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
CRAIG Osborn
180 S. 427
LONGWOOD FL 32750

10. Name and Address of New Registered Agent
81 Name CRAIG L. OSborn
82 Street Address (P.O. Box Number is Not Acceptable) 180 S. 427
83
84 City LONGWOOD FL 85 Zip Code 32750

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 ______________________ DATE ________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	President	☐ DELETE	TITLE ☐ Change ☐ Addition
NAME	CRAIG Osborn		NAME
STREET ADDRESS	180 S. 427		STREET ADDRESS
CITY-ST-ZIP	LONGWOOD, FL 32750		CITY-ST-ZIP
TITLE	Sec	☐ DELETE	TITLE ☐ Change ☐ Addition
NAME	Robin Osborn		NAME
STREET ADDRESS	1521 Petrl sc.		STREET ADDRESS
CITY-ST-ZIP	LONGWOOD, FL		CITY-ST-ZIP
TITLE	Dir.	☐ DELETE	TITLE ☐ Change ☐ Addition
NAME	Art Stapleton		NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP	LONGWOOD, FL		CITY-ST-ZIP
TITLE		☐ DELETE	TITLE ☐ Change ☐ Addition
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP	LONGWOOD FL		CITY-ST-ZIP
TITLE		☐ DELETE	TITLE ☐ Change ☐ Addition
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
TITLE		☐ DELETE	TITLE ☐ Change ☐ Addition
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP

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.

(___) 830-9773