

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  
Apr 14, 1999 8:00 am  
Secretary of State

04-14-1999 90041 015 \*\*\*150.00

DOCUMENT # P98000101608

1. Corporation Name  
OSPREY PLAZA, INC.

Principal Place of Business  
8907 GREY OAKS AVENUE  
SARASOTA FL 34238

Mailing Address  
8907 GREY OAKS AVENUE  
SARASOTA FL 34238

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/01/1998

4. FEI Number

65-0881894

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 OSPREY PLAZA, INC.

2a. Mailing Address

26 OSPREY PLAZA, INC.

Suite, Apt. #, etc.

22 822-882 S. TAMiami TRAIL

Suite, Apt. #, etc.

27 P.O. BOX 487

City & State

23 SARASOTA, FL

City & State

28 SARASOTA, FL

Zip

24 34229

Country

25 SARASOTA

Zip

29 34229-0487

Country

30 SARASOTA

9. Name and Address of Current Registered Agent

DRAKE, J K  
1343 MAIN STREET STE. 204  
SARASOTA FL 34238

10. Name and Address of New Registered Agent

81 Name LINDA F. KLAFTER

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

8907 GREY OAKS AVENUE

83

84 City SARASOTA

FL

85 Zip Code 34238

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

Linda F. Klafter

(NOTE: Registered Agent signature required when reinstating)

DATE

4/9/99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME KLAFTER, SAMUEL  
STREET ADDRESS 8907 GREY OAKS AVENUE  
CITY-ST-ZIP SARASOTA FL 34238

TITLE D ☐ DELETE  
NAME KLAFTER, LINDA F  
STREET ADDRESS 8907 GREY OAKS AVENUE  
CITY-ST-ZIP SARASOTA FL 34238

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 ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

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

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

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

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

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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.

SIGNATURE:

Linda F. Klafter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/9/99

941-966-1119

941-966-5791

CR2E034 (11/98)