

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

DOCUMENT # P98000107389
1. Corporation Name
OSPREY COVE FLORIDA, INC.

Principal Place of Business Mailing Address

222 Lakeview Avenue
Suite 800
West Palm Beach, FL 33401

2. Principal Place of Business

21 209 Phipps Plaza

Suite, Apt. #, etc.

2a. Mailing Address

26 209 Phipps Plaza

Suite, Apt. #, etc.

22 City & State

23 Palm Beach, FL

24 Zip 33480

27 City & State

28 Palm Beach, FL

25 Country USA

29 Zip 33480

26 Country USA

30 Zip 33480

27 City & State

28 Zip 33480

29 City & State

9. Name and Address of Current Registered Agent

Marvin Rosen
222 Lakeview Drive, Ste. 800
West Palm Beach, FL 33401

81 Name Richard Selman
82 Street Address (P.O. Box Number is Not Acceptable)
209 Phipps Plaza
83
84 City Palm Beach

85 Zip Code FL 33480

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)

Richard Selman 4-30-99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DPST	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gerri Marchessault		1.2 NAME	
STREET ADDRESS	209 PHIPPS PLAZA		1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL		1.4 CITY-ST-ZIP	
TITLE	DV	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richard A. Selman		2.2 NAME	
STREET ADDRESS	209 PHIPPS PLAZA		2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL		2.4 CITY-ST-ZIP	
TITLE	DV	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Josh Mendelsohn		3.2 NAME	
STREET ADDRESS	209 PHIPPS PLAZA		3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH, FL 33480		3.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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 supplement 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 agent 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 changes are made with an address, with all other like empowered.

SIGNATURE:

SIGNATURE

NEED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gerri Marchessault, President Date Daytime Phone #

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90058 023 ***158.75