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 23, 1999 8:00 am Secretary of State

04-23-1999 90170 004 ***150.00

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DOCUMENT #	S311	186
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1. Corporation Name

D.J. OSTERMEYER CO.

Principal Place of Business	Mailing Address			, 47411 47817 47411 47411 47411 1041	
1325 W. ANDERSON ST ORLANDO FL 32805 US	33836 LINCOLN RD LEESBURG FL 34788-4505 US		DO NOT WRITE IN THIS SPACE		
		_	3. Date Incorporated or Qualifed 02/11/1991	-	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
ri !	26		59-3050797	Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	- 	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country		ountry	This corporation owes the current year l Personal Property Tax.	ntangible ¥Yes □No	
9. Name and Address of C			10. Name and Address of New Registere	d Agent	
OSTERMEYER, DEAN J.		81 Name			
33636 LINCOLN RD		82 Street Add	iress (P.O. Box Number is Not Acceptable)		
LEESBURG FL 34788		83			
		84 City		85 Zip Code	

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.

agent. I ai	m ramiliar with, and accept the obligations of	1, 5600011 007.0505, 1 1011	oz Olatotos.			
SIGNATURE	Signature, typed or printed name of registered agent and title	if annicable (NOTE:	Registered Agent signature required	d when reinstating)	DATE	
12.	OFFICERS AND DIR		13.	ADDITIONS/CHANGES TO	OFFICERS AND DIRECTO	RS IN 12
TITLE	DP	[] DELETE	1.1 TITLE		Change	Addition
NAME	OSTERMEYER, DEAN J.		1.2 NAME			
STREET ADDRESS	COCCO LINICOLNI DO		1.3 STREET ADDRESS			
	LEESBURG FL		1.4 CITY-ST-ZIP		•	
CITY-ST-ZIP	LEESBONG 1 L	☐ DELETE	2.1 TITLE		☐ Change	☐ Addition
TITLE			22 NAME	•		
NAME			2.3 STREET ADDRESS			
STREET ADDRESS						
CITY-ST-ZIP		Clockete	2. 4 CITY-ST-ZIP		Change	Additio
TITLE		☐ DELETE	3,1 TITLE		C outride	
IAME I			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP	·		3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	. 4.1 TITLE		☐ Change	Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE		Change	☐ Additio
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE		☐ Change	☐ Additio
NAME			6.2 NAME			
	1		6.3 STREET ADDRESS			
STREET ADDRESS	1		84 CITY+ST-7IP			

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 a parachment with an address, with all other like empowered.

SIGNATURE:

4-20-99 (402) 422-7000