FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S81633** **(7)**

1. Corporation Name

OSPREY MORTGAGE CONSULTANTS, INC.

Principal Place of Business	Mailing Address
P.O. BOX 2849 BONITA SPRINGS FL 33959	P.O. BOX 2849 BONITA SPRINGS FL 33959

3. Date Incorporated or Qualified: **09/20/1991**

3a. Date of Last Report: **04/25/1995**

2. Principal Place of Business
21: 3461 BONITA BAY BLVD
22 Suite, Apt. #, etc: STE 221
23 City & State:
24 Zip: 34134 25 Country:

2a. Mailing Address
26:
27 Suite, Apt. #, etc:
28 City & State:
29 Zip: 34133-2849 30 Country:

4. FEI Number: **65-0284212** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

RICHARDSON, RALPH A JR
343461 BONITA BAY BLVD. STE. 212
P.O. BOX 2849
BONITA SPRINGS FL 33923

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 3461 BONITA BAY BLVD STE 221
83: P.O.Box 2849
84 City: BONITA SPRINGS **FL** 85 Zip Code: 34133-2849

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: Ralph A. Richardson Jr 6/25/96
Signature, typed or printed name of registered agent and title, if applicable — (N.B. Registered Agent signature required when mailing) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	RICHARDSON, RALPH A JR		1.2 NAME		
STREET ADDRESS	3461 BONITA BAY BLVD. STE. 212		1.3 STREET ADDRESS	3461 BONITA BAY BLVD STE 221	
CITY-ST-ZIP	BONITA SPRGS FL 33959-2849		1.4 CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	D	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	RITTER, SUSAN B		2.2 NAME		
STREET ADDRESS	27725 OLD 41 ROAD #203		2.3 STREET ADDRESS	3461 BONITA BAY BLVD STE 221	
CITY-ST-ZIP	BONITA SPRGS FL 33959-2849		2.4 CITY-ST-ZIP	BONITA SPRNGS FL 34134	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			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 ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Ralph A. Richardson Jr — 6/25/96 — 941-992-8772
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #