


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Feb 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S81633** (7)
1. Corporation Name
OSPREY MORTGAGE CONSULTANTS, INC.



Principal Place of Business 3461 BONITA BAY BLVD SUITE 221 BONITA SPRINGS FL 34134 US		Mailing Address P.O. BOX 2849 BONITA SPRINGS FL 34133-2849 US		3. Date Incorporated or Qualified 09/20/1991	3a. Date of Last Report 07/08/1996
2. Principal Place of Business	2a. Mailing Address	4. FEI Number 65-0284212	Applied For Not Applicable		
21	26	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
22	27	City & State		\$5.00 May Be Added to Fees	
23	28	City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30		
9. Name and Address of Current Registered Agent RICHARDSON, RALPH A JR 3461 BONITA BAY BLVD SUITE 221 P O BOX 2849 BONITA SPRINGS FL 34133				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code
				FL	
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)		DATE							
12. OFFICERS AND DIRECTORS						13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	D	<input type="checkbox"/> DELETE				1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	RICHARDSON, RALPH A JR					1.2 NAME					
STREET ADDRESS	3461 BONITA BAY BLVD SUITE 221					1.3 STREET ADDRESS					
CITY-ST-ZIP	BONITA SPRINGS FL					1.4 CITY-ST-ZIP					
TITLE	D	<input checked="" type="checkbox"/> DELETE				2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	RITTER, SUSAN B					2.2 NAME					
STREET ADDRESS	3461 BONITA BAY BLVD SUITE 221					2.3 STREET ADDRESS					
CITY-ST-ZIP	BONITA SPRINGS FL					2.4 CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE				3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME						3.2 NAME					
STREET ADDRESS						3.3 STREET ADDRESS					
CITY-ST-ZIP						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					
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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 do 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.

SIGNATURE: *Ralph A. Jr. Richardson* 11-1-97 941-997-8772

CP2E034 (9/96)