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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V48699

(5)

OSBORNE SERVICE & EQUIPMENT, INC.

	A. M. & C. A. Marriero and A. A. A											ASBU EINE HIN		<b>/</b>
Principal Place of Business Mailing Address									1 14411 471411 41441 14114 61	18 1 <b>4</b> 110 (811	AIBII DIUR	4{811 01011 0101	4 4 1 4 1 1 1	161
4420 SOUTHWEST 64TH AVE. DAVIE FL 33314				4420 SOUTHWEST 64TH AVE. DAVIE FL 33314-3438										
									3. Date Incorporated or 0 07/02/1992	lualified		ate of Last R 01/1996	leport	
2. Principal Place of Business				2a. Mailing Address					4. FEI Number		<u>-</u>	<del></del>	pplied	For
21				26					65-0357346 Not Applic					
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired See Required Fee Required					
City & State				City & State					6. Election Campaign Financing \$5.00 May Be					
23			28	28					Trust Fund Contribution		<u> </u>	Added		
Z₁p □□	├ <u>-</u> 1	Country	Zip		Cou		intry		8. This corporation has list				. 199.0	032,
4 25 9. Name and Address of C				29   30					Florida Statutes Yes No  10. Name and Address of New Registered Agent					
Act.		Address of Carre	uir Doğisi	reien Wasiir		81	7	Name	TO. Maille Bhu Address Q	Man ve	hareted	Agent		
	BORNE, IVA T.	OATH AVENUE				["	1	ING IIC						
4420 SOUTHWEST 64TH AVENUE DAVIE FL 33314				M. 新加州。 11. 14.		<b>82</b>	1.	Street Addres	ss (P.O. Box Number is Not	Acceptab	le)			
			Ņ.	to the state of th		63		· · · · · · · · · · · · · · · · · · ·						
					•	64		City		***************************************	FL	<b>85</b> Zip	Code	
office or re	registered agent, d	of Sections 607.05 or both, in the Stat nd accept the oblig	te of Floric	da Suchchian	ige was aut	horized b	v ti	named corpo he corporatio	ration submits this statemer n's board of directors, I hen	t for the p by accep	UFDOSA O	f changing in pointment as	ts regist	stered tered
SIGNATURE			··· ·· · · · · · · · · · · · · · · · ·											
***	Stgrature, typed or pon	led name of registered a OFFICERS AT			(NOTE: P		ent	signature required	**	FO 05510	DATE	NOFOTOL		1.5
12.	DST	OFFICENS AI	ND DIREC		ELETE	13.		<del></del>	ADDITIONS/CHANGES	10 UFFIC	EHS ANL			
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CITY-ST-ZIP	P			l n	ELETE	1.4 CITY-1	ST-	ZIP		···		Channa		A al-distan
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						6.2 NAME		200500						
STREET ADDRESS	ſ					6.3 STREE	I AL	JUNESS !						,

14. Ide 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 eath; 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

SIGNATURE

appears in Block 12 or Block 13 if changed

CITY - \$1 - 7(P

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING DEFICER OR DIRECTOR

2/1/97 954-583-1276

**FILED** 

Feb 12 1997 8:00am

Secretary of State