

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Suzanne B. Matheson
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 08, 1996 08:00 AM
Secretary of State

DOCUMENT # 306534

(9)

1. Corporation Name

OESTERLE CORPORATION



Principal Place of Business

**9506 SOUTH RED ROAD
MIAMI FL 33156**

Mailing Address

**9506 SOUTH RED ROAD
MIAMI FL 33156**

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip Country

24. Zip

25. Country

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip Country

29. Zip

30. Country

9. Name and Address of Current Registered Agent

**OESTERLE, DOUGLAS WM.
9506 RED ROAD SOUTH
A/K/A OESTERLE CORP
MIAMI FL 33156**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL 85. Zip Code

3. Date of Incorporation or Quarter
06/23/1966

3a. Date of Last Report
06/21/1995

4. FEI Number
59-1461402

Applied For
Not Applicable

5. Out of State of Status Declared

\$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 information tax under S. 199.032, Florida Statutes Yes No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1308, 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 607.033, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TYPE	SD	<input type="checkbox"/> DIRECTOR
NAME	OESTERLE, DOUGLAS W.	
STREET ADDRESS	9506 RED ROAD SOUTH	
CITY, ST, ZIP	MIAMI FL	
TYPE	PD	<input type="checkbox"/> DIRECTOR
NAME	OESTERLE, MARK WM.	
STREET ADDRESS	9506 RED ROAD SOUTH	
CITY, ST, ZIP	MIAMI FL	
TYPE	VD	<input type="checkbox"/> DIRECTOR
NAME	OESTERLE, ROBERT A.	
STREET ADDRESS	9506 RED ROAD SOUTH	
CITY, ST, ZIP	MIAMI FL	
TYPE		<input type="checkbox"/> DIRECTOR
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TYPE		<input type="checkbox"/> DIRECTOR
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TYPE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TYPE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TYPE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TYPE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TYPE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

14. I do hereby certify that the information supplied with this filing is complete, truthful and does not qualify for the exemption stated in Section 199.073(2), Florida Statutes. I further certify that the information indicated on this annual report or supplement or annual report as true and correct, 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; that the name or names indicated hereon are the names of the corporation as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or if an addition listed with an address.

SIGNATURE: **D. Oesterle - Sec.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/96

CR2E034 (12/95)