

**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 # **F10766** (6)

1. Corporation Name  
**ORANGE/OSCEOLA UTILITIES, INC.**



Principal Place of Business: 550 BILTMORE WAY 1110 CORAL GABLES FL 33134 US  
Mailing Address: 550 BILTMORE WAY 1110 CORAL GABLES FL 33134 US

3. Date Incorporated or Qualified: 11/12/1980  
3a. Date of Last Report: 04/28/1995  
4. FEI Number: 59-2042167  
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

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WEISENFELD, JOSEPH  
799 BRICKELL PLAZA Plaza  
SUITE 900  
MIAMI FL 33131

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 607.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ECKSTEIN, BERNARD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	550 BILTMORE WAY 1110	1.2 NAME	
STREET ADDRESS	CORAL GABLES FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD STERN, RODOLFO	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	550 BILTMORE WAY 1110	2.2 NAME	
STREET ADDRESS	CORAL GABLES FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VSD HORWITZ, ROBERTO	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	550 BILTMORE WAY 1110	3.2 NAME	
STREET ADDRESS	CORAL GABLES FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	VTD SERVIANSKY, DAVID	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	550 BILTMORE WAY 1110	4.2 NAME	
STREET ADDRESS	CORAL GABLES FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	VD STERN, EDUARDO	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	550 BILTMORE WAY 1110	5.2 NAME	
STREET ADDRESS	CORAL GABLES FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	V BAKER, FRANK	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	550 BILTMORE WAY 1110	6.2 NAME	
STREET ADDRESS	CORAL GABLES FL	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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)(k), 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 as an attachment with an address.

SIGNATURE:

4-15-96 (305) 461-2440

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)