

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # N27681 (8)
1. Corporation Name
OSO PROPERTIES, INC.

95 FEB -9 AM 11:30

Principal Place of Business Mailing Address
C/O CHARLES J. CACCIABEVE P O BOX 680748
ORLANDO FL 32868 ORLANDO FL 32868

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/01/1988	3a. Date of Last Report 05/01/1994
4. FEI Number 59-2949349	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent CACCIABEVE, CHARLES J. 255 S. ORANGE AVENUE FIRSTSTATE TOWER, SUITE 1600 ORLANDO FL 32802		10. Name and Address of New Registered Agent	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City
		FL	85 Zip Code

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 file # applicable. (NOTE: Registered Agent Signature required when reconstituting) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	-TD LOY-BOND, PATRICIA 533 W PALM VALLEY DR OVIEDO FL	2.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	-VD DEPREGI, KATHI PO BOX 4970 N/A ORLANDO FL	2.2 NAME	S/D WALKER, DIANA 279 VIRGINIA DRIVE ORLANDO FL 32789
STREET ADDRESS	-PD HARRIS, TRISH W 1218 ALABAMA DR WINTER PARK FL	2.3 STREET ADDRESS	
CITY-ST-ZIP	-VD- MC GINNIS, CINDY 1290 PALMETTO AVE WINTER PARK FL	2.4 CITY-ST-ZIP	
	-VD NELSON, THERESA 4168 PLANTATION COVE ORLANDO FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	-SD- VOSE, WILLIAM 250 N ORANGE #900- ORLANDO FL	3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
		4.1 TITLE	T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	RODON, GEORGE 201 S. ROSALIND AVE ORLANDO FL 32801
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	SHALHOOP, JANET 4400 ALAFAYA TR. --MC252 ORLANDO FL 32826
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

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 1 (0.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Trish Weaver Harris* TRISH WEAVER HARRIS 1-19-95 407-628-5431