

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N27681 (8)

1. Corporation Name
OSO PROPERTIES, INC.



Principal Place of Business Mailing Address
C/O CHARLES J. CACCIACEVE P O BOX 680748 ORLANDO FL 32868
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3. Date Incorporated or Qualified **08/01/1988** 3a. Date of Last Report **02/09/1995**
4. FEI Number **59-2949349** Applied For Not Applicable
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 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VD <input type="checkbox"/> DELETE
NAME	LOY-BOND, PATRICIA
STREET ADDRESS	533 W PALM VALLEY DR
CITY-ST-ZIP	OVIEDO FL
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	WALKER, DIANA
STREET ADDRESS	270 VIRGINIA DRIVE
CITY-ST-ZIP	ORLANDO FL
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	HARRIS, TRISH W-
STREET ADDRESS	1218 ALABAMA DR
CITY-ST-ZIP	WINTER PARK FL
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	MC GINNIS, CINDY-
STREET ADDRESS	1200 PALMETTO AVE
CITY-ST-ZIP	WINTER PARK FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	RODON, GEORGE
STREET ADDRESS	201 S ROSALIND AVE
CITY-ST-ZIP	ORLANDO FL
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	SHALHOOP, JANET
STREET ADDRESS	4400 ALAFAYA TR--MC252
CITY-ST-ZIP	ORLANDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	LEON, CERETHA
2.3 STREET ADDRESS	P.O. BOX 1393
2.4 CITY-ST-ZIP	ORLANDO FL 32802
3.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	BRADNER, ANNE
3.3 STREET ADDRESS	92 MILLER ST.
3.4 CITY-ST-ZIP	ORLANDO FL 32806
4.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	NEEL, AMANDA
4.3 STREET ADDRESS	200 S. ORANGE AVE, #180
4.4 CITY-ST-ZIP	ORLANDO FL 32801
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	EDENFIELD, MARY
6.3 STREET ADDRESS	P.O. BOX 2854
6.4 CITY-ST-ZIP	ORLANDO FL 32802

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Date **1/20/96** Day/Time Phone # _____

CR2E037 (12/95)