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Mar 26 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morthart Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N27681 (8)

1. Corporation Name
OSO PROPERTIES, INC.



Principal Place of Business C/O CHARLES J. CACCIACEVE P O BOX 680748 ORLANDO FL 32868	Mailing Address C/O CHARLES J. CACCIACEVE P O BOX 680748 ORLANDO FL 32868-0748
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3. Date Incorporated or Qualified 08/01/1988	3a. Date of Last Report 02/09/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 59-2949349	Applied For <input type="checkbox"/> 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	LOY BOND, PATRICIA 333 W PALM VALLEY DR - OVIEDO FL	<input checked="" type="checkbox"/> DELETE	
TITLE SD	LEON, CERETHA P.O. BOX 1393 ORLANDO FL	<input type="checkbox"/> DELETE	(N/A)
TITLE VD	BRADNER, ANNE 92 MILLER ST ORLANDO FL	<input type="checkbox"/> DELETE	
TITLE TD	NEEL, AMANDA 200 S. ORANGE AVE, #100 - ORLANDO FL	<input checked="" type="checkbox"/> DELETE	
TITLE VD	ROBON, GEORGE 201 S ROSALIND AVE ORLANDO FL -	<input checked="" type="checkbox"/> DELETE	
TITLE VD	EDENFIELD, MARY P.O. BOX 2854 ORLANDO FL	<input checked="" type="checkbox"/> DELETE	

1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME PINS, SUSAN	
1.3 STREET ADDRESS 111 SPRING LANE	
1.4 CITY - ST - ZIP WINTER PARK, FL	
2.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE TD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME GASSMAN, ERIC	(N/A)
4.3 STREET ADDRESS P.O. BOX 4970	
4.4 CITY - ST - ZIP ORLANDO, FL	
5.1 TITLE VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME WRIGHT, MADDY	(N/A)
5.3 STREET ADDRESS P.O. BOX 4970	
5.4 CITY - ST - ZIP ORLANDO, FL	
6.1 TITLE SD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME MEEKS, BETTY	
6.3 STREET ADDRESS 9800 INTERNATIONAL DRIVE	
6.4 CITY - ST - ZIP ORLANDO, FL	

14. I do 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 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: *Susan Pins* **SUSAN PINS, PRESIDENT** 8 Jan 97 407/886-2244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0018238

CR2E037 (9/96)