

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N27681

1. Corporation Name

OSO PROPERTIES, INC.

Principal Place of Business

Mailing Address

Maddy Wright
P O Box 680748
Orlando, FL 32868

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P O Box 680748
Orlando, FL 32868

APPROVED AND FILED

99 OCT 21 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4-26-99 90127 039

21	2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	08/01/1988
23	City & State	City & State	4. FEI Number
24	Zip	Country	59-2949349
25	Country	Country	Applied For
26	Country	Country	Not Applicable
27	Country	Country	5. Certificate of Status Desired
28	Country	Country	6. Election Campaign Financing
29	Country	Country	Trust Fund Contribution
30	Country	Country	Fee Required

12250

9. Name and Address of Current Registered Agent

Diana Walker
279 Virginia Drive
Winter Park, FL 32789

10. Name and Address of New Registered Agent

81 Name: Wright, Maddy
82 Street Address (P.O. Box Number is Not Acceptable): 1400 E. Hillcrest St.
83
84 City: Orlando, FL 85 Zip Code: 32868

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 617.0593, Florida Statutes.

SIGNATURE: *Maddy Wright*

10-14-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	Walker, Diana	1.2 NAME	Wright, Maddy
STREET ADDRESS	279 Virginia Dr.	1.3 STREET ADDRESS	P.O. Box 4970
CITY-ST-ZIP	Winter Park, FL	1.4 CITY-ST-ZIP	Orlando, FL
TITLE	VD	2.1 TITLE	VD
NAME	Wright, Maddy	2.2 NAME	Rivera Donna, Sgt.
STREET ADDRESS	P.O. Box 4970	2.3 STREET ADDRESS	100 S. Hughey Ave.
CITY-ST-ZIP	Orlando, FL	2.4 CITY-ST-ZIP	Orlando, FL
TITLE	VD	3.1 TITLE	VD
NAME	Fernandez, Jr. J	3.2 NAME	Meeks, Betty
STREET ADDRESS	3700 34th St. Ste. 100	3.3 STREET ADDRESS	9800 International Dr.
CITY-ST-ZIP	Orlando, FL	3.4 CITY-ST-ZIP	Orlando, FL
TITLE	VD	4.1 TITLE	VD
NAME	Meeks, Betty	4.2 NAME	Hadley, Carol
STREET ADDRESS	9800 International Dr.	4.3 STREET ADDRESS	120 Spring Cove Trail
CITY-ST-ZIP	Orlando, FL	4.4 CITY-ST-ZIP	Altamonte Springs, FL
TITLE	SD	5.1 TITLE	SD
NAME	McGinnis, Cindy	5.2 NAME	Hardin, Janet
STREET ADDRESS	2905 Hargill Dr.	5.3 STREET ADDRESS	2400 Derbyshire Rd.
CITY-ST-ZIP	Orlando, FL	5.4 CITY-ST-ZIP	Maitland, FL
TITLE	TD	6.1 TITLE	TD
NAME	Gassman, Eric	6.2 NAME	Gassman, Eric
STREET ADDRESS	P.O. Box 4970	6.3 STREET ADDRESS	P.O. Box 1393
CITY-ST-ZIP	Orlando, FL	6.4 CITY-ST-ZIP	Orlando, FL

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-99

Date

Daytime Phone #

CR2E037 (11/98)