


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
 Aug 22 1997 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N95000001620 (2)**  
 1. Corporation Name  
**OSCEOLA BUSINESS REFERRAL SERVICE, INC.**



Principal Place of Business <b>4073 13TH STREET ST. CLOUD FL 34789</b>	Mailing Address <b>4073 13TH STREET ST. CLOUD FL 34769</b>
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DO NOT WRITE IN THIS SPACE

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

<b>3.</b> Date Incorporated or Qualified <b>04/05/1995</b>	<b>3a.</b> Date of Last Report <b>07/01/1996</b>
<b>4.</b> FEI Number <b>59-3320073</b>	Applied For Not Applicable
<b>6.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8.</b> This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**CORPORATION INFORMATION SERVICES INC.  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301**

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> 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 CHRISTOPHER W. HAMMOCK PD **8/12/97**  
 Signature, typed or printed name of registered agent and title if applicable. DATE

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, BEVERLY	
STREET ADDRESS	4073 13TH STREET	
CITY-ST-ZIP	ST. CLOUD FL 34769	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	REILLY, PETER M	
STREET ADDRESS	P.O. BOX 702384 N/A	
CITY-ST-ZIP	ST. CLOUD FL 34770	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	WERMUTH, DANIEL	
STREET ADDRESS	1014 NEW YORK AVENUE	
CITY-ST-ZIP	ST. CLOUD FL 34769	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>1.1</b> TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>1.2</b> NAME	CHRISTOPHER W. HAMMOCK	
<b>1.3</b> STREET ADDRESS	PO BOX 702194	
<b>1.4</b> CITY-ST-ZIP	ST. CLOUD, FL. 34770	
<b>2.1</b> TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2.2</b> NAME	JAMES MISKAVSKY	
<b>2.3</b> STREET ADDRESS	2845 HICKORY TREE RD.	
<b>2.4</b> CITY-ST-ZIP	ST. CLOUD, FL. 34772	
<b>3.1</b> TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>3.2</b> NAME	ROBERT A. THIBRDEAU	
<b>3.3</b> STREET ADDRESS	2650 SHIRLEY CT	
<b>3.4</b> CITY-ST-ZIP	KISSIMEE, FL. 34746	
<b>4.1</b> TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>4.2</b> NAME		
<b>4.3</b> STREET ADDRESS		
<b>4.4</b> CITY-ST-ZIP		
<b>5.1</b> TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5.2</b> NAME		
<b>5.3</b> STREET ADDRESS		
<b>5.4</b> CITY-ST-ZIP		
<b>6.1</b> TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>6.2</b> NAME		
<b>6.3</b> STREET ADDRESS		
<b>6.4</b> CITY-ST-ZIP		

**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: CHRISTOPHER W. HAMMOCK **8/12/97** **800-999-5338**  
**SIGNATURE REQUIRED**

CR2E037 (4/97)