


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Mar 23 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</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 34769</b>	Mailing Address <b>4073 13TH STREET ST. CLOUD FL 34769</b>
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3. Date Incorporated or Qualified <b>04/05/1995</b>	
4. FEI Number <b>59-3320073</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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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**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**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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	PD	<input checked="" type="checkbox"/> DELETE
NAME	HAMMOCK, CHRISTOPHER W	
STREET ADDRESS	P O BOX 702194	
CITY-ST-ZIP	ST. CLOUD FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MISKOVSKY, JAMES	
STREET ADDRESS	2845 HICKORY TREE RD	
CITY-ST-ZIP	ST. CLOUD FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	THIBODEAU, ROBERT A	
STREET ADDRESS	2550 SHORTLEAF CT	
CITY-ST-ZIP	KISSIMEE FL	
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**

1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CONNIE HOPKINS	
1.3 STREET ADDRESS	320 N.Y. AVE.	
1.4 CITY-ST-ZIP	ST. CLOUD, FL 34769	
2.1 TITLE	PETER GRAZZINI	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	2305 LEONARD COLE	
2.4 CITY-ST-ZIP	KISSIMEE, FL 34746	
3.1 TITLE	PAUL J. GUERTIN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	2901 13TH ST.	
3.4 CITY-ST-ZIP	ST. CLOUD, FL 34769	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

SIGNATURE: *Christopher W. Hammock*

3/10/98 467/957-3800

CR2E037 (10/97)