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Secretary of State

03-03-1999 90049 017 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N95000001620 1. Corporation Name OSCEOLA BUSINESS REFERRAL SERVICE, INC.		
Principal Place of Business 4073 13TH STREET ST. CLOUD FL 34769	Mailing Address 4073 13TH STREET ST. CLOUD FL 34769	

* 2 7 4 3 1 2 *
 274312-90072-35



2. Principal Place of Business 21 2727 13th St	2a. Mailing Address 26 2727 13th St	3. Date Incorporated or Qualified 04/05/1995
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 59-3320073
22	27	Applied For Not Applicable
City & State 23 St Cloud FL	City & State 28 St Cloud FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24 34769	Country 25 USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
29 34769	30 USA	

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 Richard Bradley 82 Street Address (P.O. Box Number is Not Acceptable) 1633 E VINE ST 83 Suite 207 84 City Kissimmee FL 85 Zip Code 34744
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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: *Richard Bradley* DATE: **1/26/99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOPKINS, CONNIE 320 N Y AVE ST CLOUD FL 34769 <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PRESIDENT/D RANGLYNNE WILSTE 3895 CANOE CREEK RD ST. CLOUD FL 34772
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GRAZZINI, PETER 2305 LEEWARD COVE KISSIMMEE FL 34746 <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition V. PRESIDENT/D PEGGY CAY 1743 California Ave. St. Cloud, FL 34769
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GUERTIN, PAUL J 2801 13TH ST ST CLOUD FL 34769 <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition TREASURER/D PAM SPAIN 4225 OAKWOOD DR. ST. CLOUD, FL. 34771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Suzanne Wilste* DATE: **1/26/99** DEFENSE PHONE # **4079579000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/198)