

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Merrillam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 143802 (7)
1. Corporation Name
OSCC, INC.



Principal Place of Business: 5127 WEST HANNA P.O. BOX 151195 TAMPA FL 33684
Mailing Address: 5127 WEST HANNA P.O. BOX 151195 TAMPA FL 33684

3. Date Incorporated or Qualified: 03/01/1945
3a. Date of Last Report: 02/21/1995
4. FEI Number: 59-0535926
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes 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; 30

9. Name and Address of Current Registered Agent
ROYSTER, RAYMOND H.
10714 CARROLL LAKE DR.
TAMPA FL 33618

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 607.0542 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: _____ (Name, Title, and Address of Signer)

12. OFFICERS AND DIRECTORS

TITLE	CMP	<input type="checkbox"/> DELETE
NAME	ROYSTER, RAYMOND H	
STREET ADDRESS	10714 CARROLL LAKE DR	
CITY, ST, ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DURHAM, WILLIAM F., JR.	
STREET ADDRESS	2517 SHREWSBURY RD.	
CITY, ST, ZIP	ORLANDO FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	ANDERSON, ALICE C	
STREET ADDRESS	10608 COQUITA LANE	
CITY, ST, ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DURHAM, ERNESTINE R	
STREET ADDRESS	2517 SHREWSBURY RD	
CITY, ST, ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	<input 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	<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 am hereby certifying that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if checked, or on an attachment with an address.

SIGNATURE: RAYMOND H. ROYSTER 2/8/96 (813) 884-1408
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)