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Feb 11, 1999 8:00am  
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 713748

1. Corporation Name

OSCEOLA UNIVERSITY, INC.

Principal Place of Business

P.O. BOX 1925  
CAPE CANAVERAL FL 32920

Mailing Address

P.O. BOX 1925  
CAPE CANAVERAL FL 32920



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/04/1967	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		54-1075268	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing <input type="checkbox"/>	
24		29		Trust Fund Contribution <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

SMITH, KERN L MR.  
555 FILLMORE AVENUE  
CAPE CANAVERAL FL 32920

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	
NAME	STEELMAN, JOHN R DR.	1.2 NAME	
STREET ADDRESS	1836 BENTLEY VILLAGE LN.	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33963	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	
NAME	PORETSKY, LESTER MR.	2.2 NAME	
STREET ADDRESS	7501 HELMSDALE RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BETHESDA MD 20817	2.4 CITY-ST-ZIP	
TITLE	MD	3.1 TITLE	
NAME	SHAARA, HELEN MRS.	3.2 NAME	
STREET ADDRESS	3019 THOMASVILLE RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32312	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	
NAME	BOEK, WALTER E DR.	4.2 NAME	
STREET ADDRESS	5011 LOWELL STREET, NW	4.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC 20016	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)