

2-18-97 B-2103 C
 FILE NOW: FILING FEE IS \$61.25

FILED
 Feb 18 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # 790179 (6)
 1. Corporation Name
OSLO CITRUS GROWERS ASSOCIATION



Principal Place of Business 695 S US HWY #1 P O BOX 1208 VERO BCH FL 32961	Mailing Address 695 S US HWY #1 P O BOX 1208 VERO BCH FL 32961-1208
--	---

3. Date Incorporated or Qualified 06/12/1967	3a. Date of Last Report 03/07/1996
--	--

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
---	--

4. FEI Number 59-0386260	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**EGAN III, J B
 695 S US HWY #1
 VERO BCH FL 32962**

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	D	<input type="checkbox"/> DELETE	NAME
STREET ADDRESS	SEXTON, RALPH W		
CITY-ST-ZIP	RANCH RD VERO BCH FL		
TITLE	STD	<input type="checkbox"/> DELETE	NAME
STREET ADDRESS	EGAN, J B III		
CITY-ST-ZIP	4631 9TH PL VERO BCH FL		
TITLE	VD	<input type="checkbox"/> DELETE	NAME
STREET ADDRESS	BAILEY, JAMES L		
CITY-ST-ZIP	2402 BUENA VISTA BLVD VERO BCH FL		
TITLE	D	<input type="checkbox"/> DELETE	NAME
STREET ADDRESS	SEXTON, CHARLES R		
CITY-ST-ZIP	4990 11TH LANE VERO BCH FL		
TITLE	D	<input type="checkbox"/> DELETE	NAME
STREET ADDRESS	BARR, JOSEPH R.		
CITY-ST-ZIP	SANDPIPER POINT VERO BEACH FL		
TITLE	D	<input type="checkbox"/> DELETE	NAME
STREET ADDRESS	SEXTON, CHARLES R JR		
CITY-ST-ZIP	4650 17TH STREETE SW VERO BCH FL		

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 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: _____ **EGAN, III** 2-7-97 561-566-2103
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0020838

CR2E037 (9/96)