


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 21, 1999 8:00 am
Secretary of State

02-21-1999 90023 024 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 790179					
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		

89366 90023 24



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/12/1967	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-0386260	
22	City & State	27	City & State	Applied For <input type="checkbox"/> Not Applicable	
23	Zip	28	Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
EGAN III, J B 695 S US HWY #1 VERO BCH FL 32962				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

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	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SEXTON, RALPH W			1.2 NAME			
STREET ADDRESS	RANCH RD			1.3 STREET ADDRESS			
CITY-ST-ZIP	VERO BCH FL			1.4 CITY-ST-ZIP			
TITLE	STD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	EGAN, J B III			2.2 NAME			
STREET ADDRESS	4631 9TH PL			2.3 STREET ADDRESS			
CITY-ST-ZIP	VERO BCH FL			2.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BAILEY, JAMES L			3.2 NAME			
STREET ADDRESS	2402 BUENA VISTA BLVD			3.3 STREET ADDRESS			
CITY-ST-ZIP	VERO BCH FL			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SEXTON, CHARLES R			4.2 NAME			
STREET ADDRESS	4990 11TH LANE			4.3 STREET ADDRESS			
CITY-ST-ZIP	VERO BCH FL			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BARR, JOSEPH R.			5.2 NAME			
STREET ADDRESS	SANDPIPER POINT			5.3 STREET ADDRESS			
CITY-ST-ZIP	VERO BEACH FL			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SEXTON, CHARLES R JR			6.2 NAME			
STREET ADDRESS	4650 17TH STREETE SW			6.3 STREET ADDRESS			
CITY-ST-ZIP	VERO BCH FL			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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-99

561-562-2501
Daytime Phone #

CR2E037 (11/98)