

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

**APPROVED
AND
FILED**

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Eunice B. Marshall
Secretary of State
DIVISION OF CORPORATIONS

95 MAR -1 PH 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 822538 (5)
1. Corporation Name
OVERSEAS SERVICE CORPORATION, WESTERN HEMISPHERE

Principal Place of Business Mailing Address
1100 NORTHPOINT PKWY 1100 NORTHPOINT PKWY
WEST PALM BEACH FL 33407 WEST PALM BEACH FL 33407

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
03/21/1969 **03/31/1994**

2. Principal Place of Business 2a. Mailing Address

21. Suite, Apt. #, etc. 25. Suite, Apt. #, etc.

22. City & State 27. City & State

23. Zip Country 28. Zip Country

4. FEI Number Applied For
66-0206488 Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution Added to Fees

8. This corporation has liability for intangible tax under S. 159.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HOGAN, FRANCIS J
4632 JUNIPER LN
PALM BCH GRDN, FL
33410**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City 85 Zip Code
FL

11. Pursuant to the provisions of Sections 607.0502 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

Signature, typed or printed name of registered agent on 11(b) if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD
NAME CURTIN, MICHAEL F
STREET ADDRESS 1900 M ST NW
CITY- ST- ZIP WASHINGTON, DC 00000

1.1 TITLE Change Addition
1.2 NAME MICHAEL F. CURTIN
1.3 STREET ADDRESS WASHINGTON, DC 20036-3565
1.4 CITY- ST- ZIP

TITLE PD
NAME HOGAN, FRANCIS J
STREET ADDRESS 4632 JUNIPER LN
CITY- ST- ZIP PALM BCH GRND, FL 00000

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS PALM BEACH GARDENS, FL 33418-4514
2.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

6.1 TITLE Change 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 changed, or as an attachment with an address.

SIGNATURE: *Francis J. Hogan* 2/21/95 (407) 683-4090
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR Title Secretary (Block 4)