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Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000005169 (8)

1. Corporation Name

OCSAP LTD. COMPANY



Principal Place of Business RAILROAD AVE. DEXTER ME 04930	Mailing Address RAILROAD AVE. DEXTER ME 04930
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/15/1993	3a. Date of Last Report 02/09/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.			4. FEI Number 01-0484469	Applied For Not Applicable
22 City & State	27 City & State			5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28 Zip			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country	29 Country			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324		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 607.0502 and 607.1503, 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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUNDER, PETER	1.2 NAME	
STREET ADDRESS	75 MAYFLOWER HILL DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	WATERVILLE ME 04901	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALFOND, HAROLD	2.2 NAME	
STREET ADDRESS	TWO N. BREAKERS ROW	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL 33480	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALFOND, THEODORE	3.2 NAME	
STREET ADDRESS	ONE CHESTNUT ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	WESTON MA 02193	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERTS, WILLIAM P	4.2 NAME	
STREET ADDRESS	RD. 3	4.3 STREET ADDRESS	
CITY-ST-ZIP	DEXTER ME 04930	4.4 CITY-ST-ZIP	
TITLE	VAS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUTTER, EDWARD J	5.2 NAME	
STREET ADDRESS	8 STONE RIDGE DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	WATERVILLE ME 04901	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUFFETT, WARREN E	6.2 NAME	
STREET ADDRESS	5505 FARNAM ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	OMAHA NE	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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: *PL* *3/28/97*

CR2E034 (9/96)