


**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

FILED
Aug 27 1997 8:00am
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 # F95000004016 (0)
1. Corporation Name
WESTINGHOUSE OPERATING SERVICES COMPANY



Principal Place of Business 4400 ALAFAYA TRAIL ORLANDO FL 32826	Mailing Address 4400 ALAFAYA TRAIL ORLANDO FL 32826
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Sulte, Apt. #, etc.	26 Sulte, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

3. Date Incorporated or Qualified 08/21/1995	3a. Date of Last Report 02/19/1996
4. FEI Number 52-1715538	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

B1 Name	B2 Street Address (P.O. Box Number is Not Acceptable)	B3	B4 City	B5 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FRIDAY, M D	
STREET ADDRESS	4400 ALAFAYA TRAIL	
CITY-ST-ZIP	ORLANDO FL 32826	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LOCH, E P	
STREET ADDRESS	4400 ALAFAYA TRAIL	
CITY-ST-ZIP	ORLANDO FL 32826	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	MOORE, R J	
STREET ADDRESS	4400 ALAFAYA TRAIL	
CITY-ST-ZIP	ORLANDO FL 32826	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	TABBUTT, J J	
STREET ADDRESS	4400 ALAFAYA TRAIL	
CITY-ST-ZIP	ORLANDO FL 32826	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BACHY, D M	
STREET ADDRESS	11 STANWIX STREET	
CITY-ST-ZIP	PITTSBURGH PA 15222	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	CAVANAUGH, P W	
STREET ADDRESS	11 STANWIX STREET	
CITY-ST-ZIP	PITTSBURGH PA 15222	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CHRISTOPHER, T.A.	
1.3 STREET ADDRESS	4400 ALAFAYA TRAIL	
1.4 CITY-ST-ZIP	ORLANDO FL 32826	
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	FRIDAY, MD	
2.3 STREET ADDRESS	4400 ALAFAYA TRAIL	
2.4 CITY-ST-ZIP	ORLANDO FL 32826	
3.1 TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MORF, CE	
3.3 STREET ADDRESS	11 STANWIX STREET	
3.4 CITY-ST-ZIP	PITTSBURGH PA 15222	
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 8-11-97 412-642-5260

CP2E034 (4/97)