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Apr 28 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 # H91887 (0)
1. Corporation Name
ONSTERGER CORPORATION



Principal Place of Business 1648 MAIN STREET P O BOX 49283 SARASOTA FL 34236 US	Mailing Address POST OFFICE BOX 49283 P O BOX 49283 SARASOTA FL 34230-6283 US
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2. Principal Place of Business 21 1037 N. WASHINGTON BLVD Suite, Apt. #, etc. 22 City & State 23 SARASOTA FL Zip 24 34236	2a. Mailing Address 26 P.O. Box 49283 Suite, Apt. #, etc. 27 City & State 28 SARASOTA FL Zip 29 34230	3. Date Incorporated or Qualified 12/24/1985	3a. Date of Last Report 05/01/1996
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4. FEI Number 59-2620393	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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent JANSEN, RONALD C. JR. 1648 MAIN STREET P.O. BOX 49283 SARASOTA FL 34230	10. Name and Address of New Registered Agent 81 Name JANSEN, RONALD C JR 82 Street Address (P.O. Box Number is Not Acceptable) 1037 N. WASHINGTON BLVD 83 P.O. Box 49283 84 City SARASOTA FL 85 Zip Code 34230
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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: <i>Ronald C. Jansen Jr</i> RONALD C. JANSEN JR PRES 4-12-97 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE	12. OFFICERS AND DIRECTORS TITLE: PTD NAME: JANSEN, RONALD C. JR. STREET ADDRESS: 1648 MAIN STREET CITY-ST-ZIP: SARASOTA FL [] DELETE [] DELETE [] DELETE [] DELETE [] DELETE [] DELETE [] DELETE [] DELETE [] DELETE [] DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE: PTD 1.2 NAME: JANSEN, RONALD C JR 1.3 STREET ADDRESS: 1037 N. WASHINGTON BLVD 1.4 CITY-ST-ZIP: SARASOTA FL 34236 [] Change [] Addition 2.1 TITLE: [] Change [] Addition 2.2 NAME: [] Change [] Addition 2.3 STREET ADDRESS: [] Change [] Addition 2.4 CITY-ST-ZIP: [] Change [] Addition 3.1 TITLE: [] Change [] Addition 3.2 NAME: [] Change [] Addition 3.3 STREET ADDRESS: [] Change [] Addition 3.4 CITY-ST-ZIP: [] Change [] Addition 4.1 TITLE: [] Change [] Addition 4.2 NAME: [] Change [] Addition 4.3 STREET ADDRESS: [] Change [] Addition 4.4 CITY-ST-ZIP: [] Change [] Addition 5.1 TITLE: [] Change [] Addition 5.2 NAME: [] Change [] Addition 5.3 STREET ADDRESS: [] Change [] Addition 5.4 CITY-ST-ZIP: [] Change [] Addition 6.1 TITLE: [] Change [] Addition 6.2 NAME: [] Change [] Addition 6.3 STREET ADDRESS: [] Change [] Addition 6.4 CITY-ST-ZIP: [] Change [] Addition
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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: *Ronald C. Jansen Jr* 4-14-97
941-954-7795

CR2E034 (9/96)