

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

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

 95 FEB 14 PM 4:25

DOCUMENT # K59415 (5)

1. Corporation Name
OSHCO, INC.

Principal Place of Business	Mailing Address
3600 N.W. 82 AVE P.O. BOX 20816 MIAMI FL 33166	3600 N.W. 82 AVE P.O. BOX 20816 MIAMI FL 33166

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

3. Date Incorporated or Qualified 01/19/1989	3a. Date of Last Report 02/24/1994
4. FEI Number 38-2653268	Applied For 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 has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**HERRON, JAMES M.
3600 NW 82ND AVE
MIAMI FL 33102-0816**

10. Name and Address of New Registered Agent

B1 Name	
B2 Street Address (P.O. Box Number is Not Acceptable)	
B3	
B4 City	FL
B5 Zip Code	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	DT
NAME	GING, MARY
STREET ADDRESS	3600 NW 82ND AVE
CITY - ST - ZIP	MIAMI FL
TITLE	VSD
NAME	BRUMMER, ARLENE
STREET ADDRESS	3600 NW 82ND AVE
CITY - ST - ZIP	MIAMI FL
TITLE	DV
NAME	FINNEY, GRAY P.
STREET ADDRESS	3600 NW 82ND AVE
CITY - ST - ZIP	MIAMI FL
TITLE	AS
NAME	BAYNE, BEVERLY
STREET ADDRESS	3600 NW 82 AVE
CITY - ST - ZIP	MIAMI FL
TITLE	P
NAME	WHITMER, DONN B
STREET ADDRESS	3600 NW 82 AVE
CITY - ST - ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 on an appointment with an addition.

SIGNATURE: Mary K. Gings ^{1P} Mary Gings Treasurer/Dia. 1/18/95 (305) 593-4690
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Title) (Typed Phone #)

5/06/94

OSHC, INC.
(Florida)

OFFICERS

DONN B. WHITMER
ARLENE BRUMMER
P. GRAY FINNEY
MARY GING
BEVERLY BAYNE

PRESIDENT
VICE PRESIDENT & SECRETARY
VICE PRESIDENT
TREASURER
ASSISTANT SECRETARY

DIRECTORS

ARLENE BRUMMER
P. GRAY FINNEY
MARY GING

3600 N. W. 82nd AVENUE
MIAMI, FLORIDA 33166