

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Feb 18 1997 8:00am**  
**Secretary of State**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # K59415 (5)**

1. Corporation Name  
**OSHCO, INC.**



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

Mailing Address  
**3600 N.W. 82 AVE  
P.O. BOX 20816  
MIAMI FL 33166-6623**

3. Date Incorporated or Qualified  
**01/19/1989**

3a. Date of Last Report  
**03/04/1996**

4. FEI Number  
**38-2853268**

Applied For  
☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

**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**

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 and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>DT</b>	<input type="checkbox"/> DELETE
NAME	<b>GING, MARY</b>	
STREET ADDRESS	<b>3600 NW 82ND AVE</b>	
CITY - ST - ZIP	<b>MIAMI FL</b>	
TITLE	<b>VSD</b>	<input type="checkbox"/> DELETE
NAME	<b>BRUMMER, ARLENE</b>	
STREET ADDRESS	<b>3600 NW 82ND AVE</b>	
CITY - ST - ZIP	<b>MIAMI FL</b>	
TITLE	<b>BY FINNEY, GRAY P.</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>FINNEY, GRAY P.</b>	
STREET ADDRESS	<b>3600 NW 82ND AVE</b>	
CITY - ST - ZIP	<b>MIAMI FL</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> DELETE
NAME	<b>BAYNE, BEVERLY</b>	
STREET ADDRESS	<b>3600 NW 82 AVE</b>	
CITY - ST - ZIP	<b>MIAMI FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>WHITMER, DONN B</b>	
STREET ADDRESS	<b>3600 NW 82 AVE</b>	
CITY - ST - ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/> DELETE
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>VP</b>
3.3 STREET ADDRESS	<b>ROBERT D. FATOVIC</b>
3.4 CITY - ST - ZIP	<b>3600 NW 82 AVENUE</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	<b>MIAMI, FL 33166</b>
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:** *Mary K. GING* **GING, MARY** **2-6-97 (305) 500-3137**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

7/01/96

OSHCO, INC.  
(Florida)

OFFICERS

DONN B. WHITMER  
ARLENE BRUMMER  
ROBERT D. FATOVIC  
MARY GING  
BEVERLY BAYNE

PRESIDENT  
VICE PRESIDENT & SECRETARY  
VICE PRESIDENT  
TREASURER  
ASSISTANT SECRETARY

DIRECTORS

ARLENE BRUMMER  
ROBERT D. FATOVIC  
MARY GING

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