

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

FILED
Apr 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra S. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5761 West 12th Street Suite, Apt. #, etc. 22 City & State 23 Jacksonville, FL Zip Country 24 32254 25 U.S.A.		2a. Mailing Address 26 2100 RiverEdge Pkwy., N.W. Suite, Apt. #, etc. 27 Suite 300 City & State 28 Atlanta, GA Zip Country 29 30328 30 U.S.A.		3. Date Incorporated or Qualified 01/19/1989	4. FEI Number 38-2853268 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 checked="" type="checkbox"/> Yes <input 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			
81 Name		C T Corporation System					
82 Street Address (P.O. Box Number is Not Acceptable)		1200 South Pine Island Road					
83							
84 City		Plantation		85 Zip Code FL 33324			

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]* DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DT	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GING, MARY		1.2 NAME	Randall E. West	
STREET ADDRESS	3600 NW 82ND AVE		1.3 STREET ADDRESS	160 Clairemont Ave., Ste. 510	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	Decatur, GA 30030	
TITLE	VSD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRUMMER, ARLENE		2.2 NAME	Gary Long	
STREET ADDRESS	3600 NW 82ND AVE		2.3 STREET ADDRESS	160 Clairemont Ave., Ste. 510	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	Decatur, GA 30030	
TITLE	VD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FATOVIC, ROBERT D		3.2 NAME	Robert Matheson	
STREET ADDRESS	3600 NW 82ND AVE		3.3 STREET ADDRESS	160 Clairemont Ave., Ste. 510	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	Decatur, GA 30030	
TITLE	AS	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAYNE, BEVERLY		4.2 NAME	David S. Forbes	
STREET ADDRESS	3600 NW 82 AVE		4.3 STREET ADDRESS	160 Clairemont Ave., Ste. 510	
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP	Decatur, GA 30030	
TITLE	P	<input checked="" type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITMER, DONN B		5.2 NAME		
STREET ADDRESS	3600 NW 82 AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I 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]* **DAVID S. FORBES** **3/5/98** **404 370 4209**

CP2E034 (10/97)