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Mar 03, 1999 8:00 am
Secretary of State
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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000001620

1. Corporation Name
OSCEOLA BUSINESS REFERRAL SERVICE, INC.

Principal Place of Business
4073 13TH STREET
ST. CLOUD FL 34769

Mailing Address
4073 13TH STREET
ST. CLOUD FL 34769

2. Principal Place of Business
21 2727 13th St
Suite, Apt. #, etc.
22
City & State
23 St Cloud FL
Zip 24 34769 Country 25 USA

2a. Mailing Address
26 2727 13th St
Suite, Apt. #, etc.
27
City & State
28 St Cloud FL
Zip 29 34769 Country 30 USA

3. Date Incorporated or Qualified
04/05/1995

4. FEI Number
59-3320073
☐ 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

9. Name and Address of Current Registered Agent
CORPORATION INFORMATION SERVICES INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
81 Name Richard Bradley
82 Street Address (P.O. Box Number is Not Acceptable) 1633 E Vine St
83 Suite 207
84 City Kissimmee FL 85 Zip Code 34744

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Richard Bradley 1/26/99
Signature, both of printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☑ DELETE
NAME	HOPKINS, CONNIE	
STREET ADDRESS	320 N Y AVE	
CITY-ST-ZIP	ST CLOUD FL 34769	
TITLE	VD	☑ DELETE
NAME	GRAZZINI, PETER	
STREET ADDRESS	2305 LEEWARD COVE	
CITY-ST-ZIP	KISSIMMEE FL 34746	
TITLE	TD	☑ DELETE
NAME	GUERTIN, PAUL J	
STREET ADDRESS	2801 13TH ST	
CITY-ST-ZIP	ST CLOUD FL 34769	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT/D	☑ Change ☐ Addition
1.2 NAME	RAYGLYNNE WOESTE	
1.3 STREET ADDRESS	3895 CANOE CREEK RD	
1.4 CITY-ST-ZIP	ST CLOUD FL 34772	
2.1 TITLE	V. PRESIDENT/D	☑ Change ☐ Addition
2.2 NAME	PEGGY CAY	
2.3 STREET ADDRESS	1743 California Ave.	
2.4 CITY-ST-ZIP	St. Cloud, FL 34769	
3.1 TITLE	TREASURER/D	☐ Change ☐ Addition
3.2 NAME	PAM SPAIN	
3.3 STREET ADDRESS	4225 OAKWOOD DR.	
3.4 CITY-ST-ZIP	ST. Cloud, FL. 34771	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X SIGNATURE REQUIRED Rayglynne Woeste 1/26/99 4079579000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #