


FILE NOW: FILING FEE IS \$61.25

FILED  
Jul 29 1997 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS																																																																																																																																					
<b>DOCUMENT # N96000000047</b> 1. Corporation Name <b>OSCEOLA BUSINESS EXCHANGE, INC.</b>																																																																																																																																							
Principal Place of Business <b>9753 S. ORT #202</b> <b>ORLANDO</b> <b>FL 32837</b>		Mailing Address <b>9753 S. ORANGE BLOSS TR #202</b> <b>ORLANDO FL 32837</b>																																																																																																																																					
2. Principal Place of Business <b>21 9753 S ORANGE BLOS TR</b> Suite, Apt. #, etc. <b>22 202</b> City & State <b>23 ORLANDO FL</b> Zip <b>24 32837</b>		2b. Mailing Address <b>26 PO BOX 422500</b> Suite, Apt. #, etc. <b>27 202</b> City & State <b>28 ORLANDO FL</b> Zip <b>29 32837</b>																																																																																																																																					
Country <b>25 ORANGE</b>		Country <b>30 OSCEOLA</b>																																																																																																																																					
9. Name and Address of Current Registered Agent <b>JAMES V COLE</b> <b>9753 S ORANGE BLOSSOM TR, #202</b> <b>ORLANDO FL 32837</b>																																																																																																																																							
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code																																																																																																																																							
11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 and hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE <b>JAMES V COLE</b> Signature, typed or printed name of registered agent and file 4 applicable (NOTE: Registered Agent signature required when reconstituting)																																																																																																																																							
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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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/97

Date

407-240-6514

Daytime Phone #

CR2E037 (9/96)