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May 07, 1999 8:00 am
Secretary of State

05-07-1999 90152 018 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000000047

1. Corporation Name

OSCEOLA BUSINESS EXCHANGE, INC.

Principal Place of Business

104 N CHURCH ST
 KISSIMMEE FL 34741
 US

Mailing Address

104 N CHURCH ST
 KISSIMMEE FL 34741
 US



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 01/03/1996 4. FEI Number 59-3398676 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
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9. Name and Address of Current Registered Agent

BRIAN M MARK
 104 N CHURCH ST
 KISSIMMEE FL 34741

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARK BRIAN M	1.2 NAME	Dick Lovely
STREET ADDRESS	104 N CHURCH ST	1.3 STREET ADDRESS	1118 13th St.
CITY-ST-ZIP	KISSIMMEE FL 34741	1.4 CITY-ST-ZIP	St Cloud, FL 34789
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DESROCHERS, ROBIN J	2.2 NAME	Laura Thompson
STREET ADDRESS	624 N SEMORAN BLVD #1	2.3 STREET ADDRESS	716 N. Main St.
CITY-ST-ZIP	WINTER PARK FL 32792	2.4 CITY-ST-ZIP	Kissimmee FL 34744
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	JP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRATT, THOMAS	3.2 NAME	Greg Elkins
STREET ADDRESS	608 W. VINE ST. #77	3.3 STREET ADDRESS	12319 S.O.B.T. #288
CITY-ST-ZIP	KISSIMMEE FL 34741	3.4 CITY-ST-ZIP	Orlando, FL 32837
TITLE	VPD <input type="checkbox"/> DELETE	4.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASE, DEBORAH	4.2 NAME	Pam Leonard
STREET ADDRESS	2866 N POWERS DR W #163	4.3 STREET ADDRESS	90 Atlantic Ave.
CITY-ST-ZIP	ORLANDO FL 32818	4.4 CITY-ST-ZIP	Mascotte, FL 34753
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 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:

SIGNATURE REQUIRED

4/28/99

407-240-7262

CR2EN37 11/01/99