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Jun 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortimer Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000002369 (4)**

1. Corporation Name

OSCEOLA PAWS INC.



Principal Place of Business 2686 ARRON COURT KISSIMMEE FL 34744	Mailing Address 2686 ARRON COURT KISSIMMEE FL 34744-4680
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3. Date Incorporated or Qualified **05/03/1996** 3a. Date of Last Report **4**

2. Principal Place of Business 21 2725 Peppy drive	2a. Mailing Address 26 Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State 23 Kissimmee, Fla	City & State
Zip 24 34744	Country 25 USA
26	30

4. FEI Number 59-34344001	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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent GASTALDO, LORI 2686 ARRON COURT KISSIMMEE FL 34744	
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10. Name and Address of New Registered Agent	
81 Name N/A	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code FL

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 617.0502, Florida Statutes.

SIGNATURE **Lori C. Gastaldo** DATE **4-19-97**

12. OFFICERS AND DIRECTORS	
TITLE President	<input type="checkbox"/> DELETE
NAME Lori Gastaldo	
STREET ADDRESS 2725 Peppy drive	
CITY-ST-ZIP Kiss. Fla. 34744	
TITLE Vice President	<input type="checkbox"/> DELETE
NAME Julie Peters	
STREET ADDRESS 3112 Indianola Avenue	
CITY-ST-ZIP St. Cloud, Fla. 32762	
TITLE Treasurer	<input type="checkbox"/> DELETE
NAME Constance Tappin	
STREET ADDRESS 703 Rainbow Circle	
CITY-ST-ZIP Kissimmee, Fla. 34744	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE **Lori C. Gastaldo** DATE **4-19-97** (402) 870-5032

CR2E037 (9/96)