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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 # N96000003823

1. Corporation Name
OSCEOLA SERVICE LEAGUE, INC.

Principal Place of Business P.O. BOX 420211 KISSIMMEE FL 34742-0211	Mailing Address P.O. BOX 420211 KISSIMMEE FL 34742-0211
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/18/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3452475
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
	Zip 29	Country 30

9. Name and Address of Current Registered Agent HILL, DONNA L 2265 N. STEWART STREET KISSIMMEE FL 34746	10. Name and Address of New Registered Agent 81 Name Denise Fratesi 82 Street Address (P.O. Box Number is Not Acceptable) 1720 Big Oak Ln 83 City Kissimmee FL 34746 84 City FL 85 Zip Code
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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 Denise Fratesi Denise Fratesi 2/21/99
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 D <input type="checkbox"/> DELETE	NAME FRATESI, DENISE	1.1 TITLE Linda Klepczyk <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME 2 N. Stewart St
STREET ADDRESS 1720 BIG OAK LANE	CITY-ST-ZIP KISSIMMEE FL 34746	1.3 STREET ADDRESS 2 N. Stewart St	1.4 CITY-ST-ZIP Kissimmee, FL 34746
TITLE D <input checked="" type="checkbox"/> DELETE	NAME ZIEGLER, JOYCE	2.1 TITLE Donna Hill <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME 2265 N. Stewart St.
STREET ADDRESS 2315 N. THACKER AVE.	CITY-ST-ZIP KISSIMMEE FL 34741	2.3 STREET ADDRESS 2265 N. Stewart St.	2.4 CITY-ST-ZIP Kissimmee, FL 34746
TITLE D <input type="checkbox"/> DELETE	NAME BRANDT, DEBBIE	3.1 TITLE Debbie Brandt <input type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME 1104 Anne Elisa Circle
STREET ADDRESS 1104 ANNE ELISA CIRCLE	CITY-ST-ZIP ST. CLOUD FL 34772	3.3 STREET ADDRESS 1104 Anne Elisa Circle	3.4 CITY-ST-ZIP St. Cloud, FL 34772
TITLE D <input type="checkbox"/> DELETE	NAME HILL, DONNA	4.1 TITLE Denise Fratesi <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME 1720 Big Oak Ln.
STREET ADDRESS 2265 N. STEWART STREET	CITY-ST-ZIP KISSIMMEE FL 34746	4.3 STREET ADDRESS 1720 Big Oak Ln.	4.4 CITY-ST-ZIP Kissimmee FL 34746
TITLE <input type="checkbox"/> DELETE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS	CITY-ST-ZIP	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS	CITY-ST-ZIP	6.3 STREET ADDRESS	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: Denise Fratesi Denise Fratesi 2/21/99 407-932-1205
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)