

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90055 018 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
 1999

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



DOCUMENT # P93000056549

1. Corporation Name

OSCEOLA MANAGEMENT AND CONSULTING, INC.

Principal Place of Business

1140 JENNIE RIDGE TRAIL
 KISSIMMEE FL 34747

Mailing Address

1140 JENNIE RIDGE TRAIL
 KISSIMMEE FL 34747

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 1100 Zachary Ridge Ct		21 1100 Zachary Ridge Ct		08/12/1993	
22 Suite, Apt. #, etc.		22 Suite, Apt. #, etc.		4. FEI Number	
				59-3261729	
23 City & State		23 Kissimmee, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 34747		24 34747		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		25		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
MURPHY, JAMES J 1140 JENNIE RIDGE TRAIL KISSIMMEE FL 34747				81 Name Murphy, James J. 82 Street Address (P.O. Box Number is Not Acceptable) 1100 Zachary Ridge Ct 83 84 City Kissimmee FL 85 Zip Code 34747	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reissuing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	Murphy, James J.
NAME	MURPHY, JAMES J	1.2 NAME	Murphy, James J.
STREET ADDRESS	1140 JENNIE RIDGE TRAIL	1.3 STREET ADDRESS	1100 Zachary Ridge Ct
CITY-ST-ZIP	KISSIMMEE FL 34747	1.4 CITY-ST-ZIP	Kissimmee, FL 34747
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James J. Murphy

3/28/99

Daytime Phone #

407-397-9000

CR2E034 (11/98)