

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000009717 (7)
1. Corporation Name
OPERATOR SERVICE COMPANY OF SOUTH FLORIDA, INC.



Principal Place of Business: 4500 P.G.A. BLVD. SUITE 104 PALM BEACH GARDENS FL 33418
Mailing Address: 4500 P.G.A. BLVD. SUITE 104 PALM BEACH GARDENS FL 33418-3865

3. Date Incorporated or Qualified: 01/31/1994
3a. Date of Last Report: 02/20/1996
4. FEI Number: 65-0465719
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields for Suite, Apt. #, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: FORD, JOHN J, 1017 WOODFIELD CR., PALM BEACH GARDENS FL 33418
10. Name and Address of New Registered Agent: 81 Name: FORD JOHN J., 82 Street Address: 4500 P.G.A. BLVD SUITE 104, 83 City: PALM BEACH GARDENS FL, 85 Zip Code: 33418

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] DATE: 3-27-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORD, JOHN T	1.2 NAME	
STREET ADDRESS	1017 WOODFIELD CIRCLE	1.3 STREET ADDRESS	4500 P.G.A. BLVD SUITE 104
CITY-ST-ZIP	PALM BEACH GARDENS FL	1.4 CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORD, SUSAN L.	2.2 NAME	
STREET ADDRESS	1017 WOODFIELD CIR.	2.3 STREET ADDRESS	4500 P.G.A. BLVD SUITE 104
CITY-ST-ZIP	PALM BEACH GARDENS FL	2.4 CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORD, SUSAN L.	3.2 NAME	
STREET ADDRESS	1017 WOODFIELD CIRCLE	3.3 STREET ADDRESS	4500 P.G.A. BLVD SUITE 104
CITY-ST-ZIP	PALM BEACH GARDENS FL	3.4 CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: [Signature] Date: Daytime Phone #

CR2E034 (9/96)