

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 8/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S62735** (3)
1. Corporation Name
O S P C, INC.

Principal Place of Business 3316 N.E. 14TH STREET OCALA FL 34470	Mailing Address 3316 N.E. 14TH STREET OCALA FL 34470
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/24/1991	3a. Date of Last Report 07/23/1996
4. FEI Number 59-3074668	Applied For 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
**ELFERS, LEE
3318 N.E. 14TH STREET
OCALA FL 34470**

10. Name and Address of New Registered Agent
81 Name **same**
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	P ELFERS, LEE
STREET ADDRESS	3318 N.E. 14TH STREET
CITY - ST - ZIP	OCALA FL 34470
TITLE	<input type="checkbox"/> DELETE
NAME	MP ADCOCK, SANDRA L
STREET ADDRESS	1312 N.E. 33RD AVENUE C
CITY - ST - ZIP	OCALA FL 34470
TITLE	<input type="checkbox"/> DELETE
NAME	S HENNIS, DONNA K
STREET ADDRESS	21110 HIGHLANDS LAKES
CITY - ST - ZIP	MIAMI FL 33179
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	VP ADCOCK, JACK T
STREET ADDRESS	1312 N.E. 33RD AVENUE C
CITY - ST - ZIP	OCALA FL 34470
TITLE	<input type="checkbox"/> DELETE
NAME	Sec. Vicki L. Adcock
STREET ADDRESS	1312 N.E. 33RD AVE C
CITY - ST - ZIP	OCALA, FLA. 34470
TITLE	<input type="checkbox"/> DELETE
NAME	DONNA L. Domes
STREET ADDRESS	1312 N.E. 33RD AVE C
CITY - ST - ZIP	OCALA, FLA. 34470

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 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 REQUIRED _____

CR2E034 (4/97)