

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F93000005169 (8)**

1. Corporation Name
OCSAP LTD. COMPANY



Principal Place of Business: **RAILROAD AVE. DEXTER ME 04930**
Mailing Address: **RAILROAD AVE. DEXTER ME 04930**

3. Date Incorporated or Qualified: **11/15/1993**
3a. Date of Last Report: **01/25/1995**
4. FEI Number: **01-0484469**
Applied For: Not Applicable
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
Suite, Apt. #, etc.:
22 City & State:
23 Zip: Country:
24

2a. Mailing Address: 26
Suite, Apt. #, etc.:
27 City & State:
28 Zip: Country:
29

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
81 Name:
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: _____ DATE: _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	LUNDER, PETER	
STREET ADDRESS	75 MAYFLOWER HILL DR.	
CITY-ST-ZIP	WATERVILLE ME 04901	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ALFOND, HAROLD	
STREET ADDRESS	TWO N. BREAKERS ROW	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ALFOND, THEODORE	
STREET ADDRESS	ONE CHESTNUT ST.	
CITY-ST-ZIP	WESTON MA 02193	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ROBERTS, WILLIAM P	
STREET ADDRESS	RD. 3	
CITY-ST-ZIP	DEXTER ME 04930	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	CUTTER, EDWARD J	
STREET ADDRESS	8 STONE RIDGE DR.	
CITY-ST-ZIP	WATERVILLE ME 04901	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BUFFETT, WARREN E	
STREET ADDRESS	5505 FARNAM ST.	
CITY-ST-ZIP	OMAHA NE	

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: William P. Roberts 11/30/96 (207) 924-7341
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)