

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

**FILED**  
**May 15, 1999 8:00 am**  
**Secretary of State**

05-15-1999 90011 018 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **H58386** ✓

1. Corporation Name

**OASIS LODGING, INC.**

Principal Place of Business

Mailing Address

**6454 International Drive  
 Orlando FL 32819**

**6454 International Drive  
 Orlando FL 32819**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/07/85**

4. FEI Number

**59-2546468**

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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PORTLOCK, DAVID R.  
 7345 SAND LAKE ROAD; #412  
 ORLANDO, FL 32819**

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

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	<b>D,P</b> <input type="checkbox"/> DELETE
NAME	<b>MAALI, JESSE</b>
STREET ADDRESS	<b>6454 INTERNATIONAL DR.</b>
CITY-ST-ZIP	<b>ORLANDO, FL 32819</b>
TITLE	<b>D,S</b> <input type="checkbox"/> DELETE
NAME	<b>PORTLOCK, DAVID R.</b>
STREET ADDRESS	<b>7345 SAND LAKE ROAD; #412</b>
CITY-ST-ZIP	<b>ORLANDO, FL 32819</b>
TITLE	<b>D,VP</b> <input type="checkbox"/> DELETE
NAME	<b>MAALI, JAMAL</b>
STREET ADDRESS	<b>5627 MASTERS BLVD.</b>
CITY-ST-ZIP	<b>ORLANDO, FL 32819</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>MAALI, MOHAMMAD</b>
STREET ADDRESS	<b>6289 INDIAN MEADOW</b>
CITY-ST-ZIP	<b>ORLANDO, FL 32819</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 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

**4.2.99**  
 Date

Daytime Phone #

CR2E034 (11/98)