

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

FILED

Mar 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **J18715** (9)
1. Corporation Name
ISLAND OASIS OF TAMPA BAY, INC.



Principal Place of Business 989 WESTWINDS BLVD. 3713 WILDERNESS BLVD. W TARPON SPRINGS FL 34689 US	Mailing Address P.O. BOX 1698 3713 WILDERNESS BLVD. W TARPON SPRINGS FL 34688-1698 US
---	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 989 Westwinds Blvd. Suite, Apt. #, etc. 22 City & State 23 Tarpon Springs FL Zip 24 34689 Country 25 Pinellas	2a. Mailing Address 26 P.O. Box 1698 Suite, Apt. #, etc. 27 City & State 28 Tarpon Springs FL Zip 29 34688-1698 Country 30	3. Date Incorporated or Qualified 06/11/1986 4. FEI Number 59-2688571 Applied For Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. 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
--	--	--

9. Name and Address of Current Registered Agent JR. LAMPE, JAMES H. 989 WESTWINDS BLVD. TARPON SPRINGS FL 34689	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 **JAMES H. LAMPE JR.** *James H. Lampe Jr.* **3/26/98**
Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstalling) DATE

12. OFFICERS AND DIRECTORS TITLE <input checked="" type="checkbox"/> PTD <input type="checkbox"/> DELETE NAME JR. LAMPE, JAMES H. STREET ADDRESS 989 WESTWINDS BLVD. CITY-ST-ZIP TARPON SPRINGS FL TITLE <input checked="" type="checkbox"/> ST <input type="checkbox"/> DELETE NAME LAMPE, ELIZABETH M. STREET ADDRESS 3713 WILDERNESS BLVD. W. CITY-ST-ZIP PARRISH FL TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP 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 (5) 1.2 NAME LAMPE, JAMES H. (SR.) 1.3 STREET ADDRESS 3713 WILDERNESS BLVD. WEST 1.4 CITY-ST-ZIP PARRISH FL 34219 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.

SIGNATURE: **James H. Lampe Jr. (President)** *James H. Lampe Jr.* **3/26/98** **(813) 943-5688**

CR2E034 (10/97)