

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

FILED
Mar 19 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 # K93725 (5)
1. Corporation Name
OASIS IRRIGATION DESIGN, INC.



Principal Place of Business: 3365 FT. SUMTER ST MELBOURNE FL 32934 - 8357
Mailing Address: 3365 FT. SUMTER ST MELBOURNE FL 32934-8357

3. Date Incorporated or Qualified: 06/06/1989
3a. Date of Last Report: 05/29/1996
4. FEI Number: 59-2955845
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: 25. Country: 26. Mailing Address: 27. Suite, Apt. #, etc.: 28. City & State: 29. Zip: 30. Country

9. Name and Address of Current Registered Agent
NIES, KATRINA E.
3365 FT. SUMTER ST
MELBOURNE FL 32934 - 8357

10. Name and Address of New Registered Agent
B1 Name: _____
B2 Street Address (P.O. Box Number is Not Acceptable): _____
B3 _____
B4 City: _____ FL B5 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS
NAME: DP NIES, KATRINA E. 3365 FT. SUMTER ST MELBOURNE FL 32934-8357
NAME: D NIES, RICHARD A. 3365 FT. SUMTER ST MELBOURNE FL 32934-8357

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE: _____
1.2 NAME: _____
1.3 STREET ADDRESS: _____
1.4 CITY- ST-ZIP: _____
2.1 TITLE: _____
2.2 NAME: _____
2.3 STREET ADDRESS: _____
2.4 CITY- ST-ZIP: _____
3.1 TITLE: _____
3.2 NAME: _____
3.3 STREET ADDRESS: _____
3.4 CITY- ST-ZIP: _____
4.1 TITLE: _____
4.2 NAME: _____
4.3 STREET ADDRESS: _____
4.4 CITY- ST-ZIP: _____
5.1 TITLE: _____
5.2 NAME: _____
5.3 STREET ADDRESS: _____
5.4 CITY- ST-ZIP: _____
6.1 TITLE: _____
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 contained 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: *Katrina E. Nies*
KATRINA E. NIES

MAR 12 1997 407-254-0232
Date: _____ Daytime Phone # _____

CR2E034 (9/96)