

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **N35567** (9)

1. Corporation Name

**THE OASIS SENIOR EXPRESS, INC.**



Principal Place of Business

Mailing Address

**1 TAMPA CITY CENTER  
SUITE 2848  
TAMPA FL 33602**

**1 TAMPA CITY CENTER  
SUITE 2848  
TAMPA FL 33602**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

**12/08/1989**

3a. Date of Last Report

**05/01/1995**

4. FEI Number

**59-2482914**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PATRICK, STACY Y.  
AIDMAN PISER & COMPANY  
101 E. KENNEDY BLVD SUITE 1960  
TAMPA FL 33602**

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 617.0502 and 617.1508, 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 617.0503, 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	D	DAVIDSON, LEAH	<input checked="" type="checkbox"/> DELETE
NAME		P.O. BOX 320001 NA	
STREET ADDRESS		TAMPA FL	
CITY-ST-ZIP			
TITLE	D	SENK, PAM	<input type="checkbox"/> DELETE
NAME		7307 NOVA CIR	
STREET ADDRESS		TAMPA FL	
CITY-ST-ZIP			
TITLE	D	ENGLUND, GARY	<input checked="" type="checkbox"/> DELETE
NAME		14925 LAKE FOREST DRIVE	
STREET ADDRESS		LUTZ FL	
CITY-ST-ZIP			
TITLE	D	RICHEY, LARRY	<input type="checkbox"/> DELETE
NAME		1 TAMPA CITY CTR #1900	
STREET ADDRESS		TAMPA FL	
CITY-ST-ZIP			
TITLE	DT	PATRICK, STACY	<input type="checkbox"/> DELETE
NAME		101 E KENNEDY BLVD #1960	
STREET ADDRESS		TAMPA FL	
CITY-ST-ZIP			
TITLE	ED	HANNA, TERESA	<input type="checkbox"/> DELETE
NAME		1 TAMPA CITY CTR #2848	
STREET ADDRESS		TAMPA FL	
CITY-ST-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	Stolz, Ralph	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		8773 Ashworth Dr.	
1.3 STREET ADDRESS		Tampa, FL 33647	
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	D	Peterson, Nancy	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME		2402 S. Ardson Place	
3.3 STREET ADDRESS		Tampa, FL 33629	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*TERESA L. HANNA*

TERESA L. HANNA

4/25/96

(813) 248-5200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)