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May 05 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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 33602-5816

3. Date Incorporated or Qualified 12/08/1989 3a. Date of Last Report 05/01/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-2482914 Applied For Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Additional Fee Required

22 City & State 27 City & State 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 Zip Country 28 Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24 25 29 30 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 STACY Y PATRICK  
82 Street Address (P.O. Box Number is Not Acceptable) 401 E JACKSON ST. SUITE 3400  
83  
84 City TAMPA FL 85 Zip Code 33602

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 Stacy Y. Patrick 3/12/97  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	1.1 TITLE	ED
NAME	STOLZ, RALPH	1.2 NAME	MARY LYNN SMITH
STREET ADDRESS	8773 ASHWORTH DR	1.3 STREET ADDRESS	1 TAMPA CITY CENTER #2848
CITY - ST - ZIP	TAMPA FL	1.4 CITY - ST - ZIP	TAMPA, FL 33602
TITLE	D	2.1 TITLE	
NAME	SENK, PAM	2.2 NAME	
STREET ADDRESS	7307 NOVA CIR	2.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	
NAME	PETERSON, NANCY	3.2 NAME	
STREET ADDRESS	2402 S ARDSON PL	3.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	
NAME	RICHEY, LARRY	4.2 NAME	
STREET ADDRESS	1 TAMPA CITY CTR #1900	4.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	4.4 CITY - ST - ZIP	
TITLE	DT	5.1 TITLE	DT
NAME	PATRICK, STACY	5.2 NAME	PATRICK, STACY
STREET ADDRESS	101 E KENNEDY BLVD #1960	5.3 STREET ADDRESS	401 E JACKSON ST, Suite 3400
CITY - ST - ZIP	TAMPA FL	5.4 CITY - ST - ZIP	TAMPA, FL 33602
TITLE	ED	6.1 TITLE	
NAME	HANNA, TERESA	6.2 NAME	
STREET ADDRESS	1 TAMPA CITY CTR #2848	6.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	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 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 STACY Y. PATRICK

CR2E037 (9/96)