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 May 22 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N97000004404 (6)
 1. Corporation Name
 OASIS HOUSE, INC.



Principal Place of Business: 5690 BISCAYNE DRIVE GREENACRES FL 33463
 Mailing Address: 5690 BISCAYNE DRIVE GREENACRES FL 33463

3. Date Incorporated or Qualified: 08/04/1997
 4. FEI Number: 65-0796120
 Applied For: Not Applicable

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields for Suite, Apt. #, etc., City & State, Zip, and Country.

5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 7. Is this nonprofit corporation a homeowners association? Yes No
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
 YOUNG, JESSE A
 5690 BISCAYNE DRIVE
 GREENACRES FL 33463

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 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	STEGALL, MICHAEL L	
STREET ADDRESS	112 ABACO DRIVE	
CITY-ST-ZIP	PALM SPRINGS FL 33461	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BERARDESCO, ROBERT	
STREET ADDRESS	7A CROSSING CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	IVORY, JEFFREY	
STREET ADDRESS	2448 CRAWFORD COURT	
CITY-ST-ZIP	LANTANA FL 33462	
TITLE	P	<input type="checkbox"/> DELETE
NAME	YOUNG, JESSE A	
STREET ADDRESS	5690 BISCAYNE DRIVE	
CITY-ST-ZIP	GREENACRES FL 33463	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	YOUNG, SHERYL S	
STREET ADDRESS	5690 BISCAYNE DRIVE	
CITY-ST-ZIP	GREENACRES FL 33463	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: 5/14/98

CR2E037 (10/97)