

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P92000015505 (0)

1. Corporation Name
OASYS TECHNOLOGIES, INC.



Principal Place of Business

5445 W MARINER ST
STE 308
TAMPA FL 33609
US

Mailing Address

PO BOX 26211
TAMPA FL 33622
US

3. Date Incorporated or Qualified
01/01/1993

3a. Date of Last Report
03/24/1995

2. Principal Place of Business

2a. Mailing Address

21 4803 GEORGE ROAD

26 Suite, Apt. #, etc.

22 320

27 Suite, Apt. #, etc.

23 TAMPA

28 City & State

24 33634

29 Zip

25 US

30 Country

4. FEI Number
59-3156748

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

JONGERLING, HENRY K
5445 W MARINER ST
SUITE 308
TAMPA FL 33609

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

4803 GEORGE RD., SUITE 320

83

84 City

TAMPA

FL

85 Zip Code

33634

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
P JONGERLING, HENRY K
STREET ADDRESS
5445 MARINER ST #308
CITY-ST-ZIP
TAMPA FL

TITLE ☐ DELETE

NAME
VSTD JONGERLING, ILEANA I
STREET ADDRESS
5445 MARINER ST #308
CITY-ST-ZIP
TAMPA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS
4803 GEORGE ROAD, SUITE 320
1.4 CITY-ST-ZIP
TAMPA, FL 33634

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS
4803 GEORGE ROAD, SUITE 320
2.4 CITY-ST-ZIP
TAMPA, FL 33634

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ILEANA I. JONGERLING

5-07-96 813-8819895

Date

Daytime Phone #

CR2E034 (12/95)