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FILED
Apr 22 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000041317 (6)

1. Corporation Name
OASIS HOLDING COMPANY

Principal Place of Business

190 JAMES CT
OLDSMAR FL 34877

Mailing Address

190 JAMES CT
OLDSMAR FL 34677



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 1320 MORELAND DR.	26 1320 MORELAND DR.
22 Suite, Apt. #, etc. APT # 24	27 Suite, Apt. #, etc. APT # 24
23 City & State CLEARWATER FL.	28 City & State CLEARWATER FL.
24 Zip 33764-2911	29 Zip 33764-2914
25 Country	30 Country

3. Date Incorporated or Qualified	Applied For
05/31/1994	Not Applicable
4. FEI Number	5. Certificate of Status Desired
59-3249925	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FRECHETTE, ROBERT J 190 JAMES CT OLDSMAR FL 34677	81 Name SAME 82 Street Address (P.O. Box Number is Not Acceptable) 1320 MORELAND DR. 83 APT # 24 84 City CLEARWATER FL 85 Zip Code 33764

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JANSSEN, ROBERT W	1.2 NAME	
STREET ADDRESS	190 JAMES CT	1.3 STREET ADDRESS	1320 MORELAND DR. APT. 24
CITY-ST-ZIP	OLDSMAR FL	1.4 CITY-ST-ZIP	CLEARWATER FL. 33764
TITLE	ST	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRECHETTE, ROBERT J	2.2 NAME	
STREET ADDRESS	190 JAMES CT	2.3 STREET ADDRESS	1320 MORELAND DR. APT. 24
CITY-ST-ZIP	OLDSMAR FL	2.4 CITY-ST-ZIP	CLEARWATER FL. 33764
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert W Janssen PRES. 4-15-98 813-531-7150

CP2E034 (10/97)