

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 ^{#200}

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Apr 25 1996 8:00 am
Secretary of State

DOCUMENT # P94000085377 (7)

1. Corporation Name
OACIS, INCORPORATED



Principal Place of Business Mailing Address
~~1205 W HARVARD ST~~ 271 Prescott Dr. 1205 W HARVARD ST 271 Prescott Dr.
~~ORLANDO FL 32804~~ Orlando, FL 32809 ORLANDO FL 32804 Orlando, FL 32809

3. Date Incorporated or Qualified 11/16/1994 3a. Date of Last Report 04/11/1995

2. Principal Place of Business 21 271 Prescott Dr. 2a. Mailing Address 26 271 Prescott Dr.

4. FEI Number 59-3301148 Applied For Not Applicable

Suite, Apt. #, etc. 22 Suite, Apt. #, etc. 27

5. Certificate of Status Desired \$8.75 Additional Fee Required

City & State 23 Orlando, FL 28 Orlando, FL

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

Zip 24 32809 Country 25 Orange Zip 29 32809 Country 30 Orange

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

9. Name and Address of Current Registered Agent
SHAVER, ELLEN
~~1205 W HARVARD ST~~ 271 Prescott Dr.
ORLANDO FL 32804 Orlando, FL 32809

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 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 Ellen B. Shaver

(NOTE: Registered Agent signature required when registering)

4/22/96
DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	D	<input type="checkbox"/>
NAME	SHAVER, ELLEN	
STREET ADDRESS	1205 W HARVARD ST	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	President	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	Shaver, Ellen		
1.3 STREET ADDRESS	271 Prescott Dr.		
1.4 CITY-ST-ZIP	Orlando, FL 32809		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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: Ellen B. Shaver
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

4/22/96 407-859-8927
DATE Phone #

CR2E034 (12/95)