

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Aug 24 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 # P95000055541 (3)			
1. Corporation Name OASIS HOTELS, INC			
Principal Place of Business 4720 Hwy 90W LAKE CITY, FL 32055		Mailing Address (SAME)	
2. Principal Place of Business 21 4720 Hwy 90 W Suite, Apt. #, etc. 22 City & State 23 LAKE CITY FL Zip 24 32055		2a. Mailing Address 26 4720 Hwy 90 W Suite, Apt. #, etc. 27 City & State 28 LAKE CITY FL Zip 29 32055	
25 COLUMBIA		30 COLUMBIA	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
		81 Name ANILKUMAR D PATEL 82 Street Address (P.O. Box Number is Not Acceptable) 83 5 ALMOND DRIVE TRACE 84 City OCALA FL 85 Zip Code 34472	
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: <i>anil</i> DATE: 8-13-98			
(NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE V NAME MAHENDRA G PATEL STREET ADDRESS 4720 HWY 90 W CITY-ST-ZIP LAKE CITY FL 32055		11 TITLE V 12 NAME 13 STREET ADDRESS 4720 HWY 90 W 14 CITY-ST-ZIP LAKE CITY, FL 32055	
TITLE P NAME ANIL PATEL STREET ADDRESS 5 ALMOND DRIVE TRACE CITY-ST-ZIP OCALA, FL 34471		21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 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: <i>anil</i> 8-13-98 (352) 624 9530			

CR2E034 (5/98)