FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000056228 (6)

OASIS REALTY, INC.

Principal Place of Business

Mailing Address

FILED Jan 22 1997 8:00am Secretary of State



| 8885 N MILI SUITE 204E PALM BEAC | | P.O. BOX 33556 PALM BEACH GARDENS | FL 33420-355 | 56 | | | | |
|--|--|--|--|---------------------------------------|---|---------------------------------------|-------------------------------------|--|
| | | | | | Date Incorporated or Qualified 07/20/1995 | 3a. Date of L 04/26/19 | | |
| 2. Principal Place of Business 28. Mailing Address | | | | | 4. FEI Number | | Applied For | |
| 21 26 | | | | | NOT APPLICABLE | | Not Applicable | |
| Suite, Apt #, etc Suite, Apt. #, e 22 27 | | | | | 5. Certificate of Status Desired | | \$8.75 Additional Fee Required | |
| City & St 23 | | City & State | | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | | |
| Ζιρ 24 | Country 25 | Ζιρ 29 | Countr 30 | у | | Yes KNo | der s. 199.032, | |
| | 9. Name and Address of Cui | rrent Registered Agent | | 1 | 10. Name and Address of New Re | glatered Agent | | |
| | VORKMAN, ERIĆ M | | 81 | Name | | | | |
| 8895 N MILITARY TR SUITE 204E | | | | | ddress (P.O. Box Number is Not Acceptable) | | | |
| P. | alm Beach Gardens Fl. 334 | 18 | 83 | 3 | | | | |
| | | | 84 | City | | FL 85 | Zip Code | |
| 11. Pursual office d agent | int to the provisions of Sections 607, or registered agent, or both, in the S I am familiar with and accept the of | 0502 and 607.1508, Florida Stati tate of Florida, Such change was bligations of, Section 607.0505, F | utes, the above s authorized b Florida Statute | ve-named cor by the corpora es. | rporation submits this statement for the patients board of directors. I hereby acceptions | ourpose of chang of the appointmen | ing its registered in as registered | |
| SIGNATURI | E Signature typed or broited name of pagarage | //www | OTE: Bookstand Ac | and signature sale | pired when reinstating) | DAY | 120 | |
| 12. | | AND DIRECTORS | 13. | Jent signatore requ | ADDITIONS/CHANGES TO OFFIC | ERS AND DIREC | TORS IN 12 | |
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| NAME | RUSSELL, GLYNDA E | | 1.2 NAME | . 1 | | | | |
| STREET ADORES | A CAN ALL AND ADDRESS OF THE ADDRESS | | 13 STREE | T ADDRESS | | | | |
| CITY - ST - ZIP | PALM BEACH GARDENS F | L 33418 | 14 CiTY- | ST-ZIP | | | | |
| TITLE | ☐ DELETE | | 21 TITLE | | | ☐ Cha | inge Addition | |
| NAME | | | 2.2 NAME | : \ \ | | | | |
| STREET ADDRES | 58 | | 2.3 STREE | T ADDRESS | | | | |
| CITY-ST-ZiP | | | 2. 4 CITY | - ST - ZIP | | | | |
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| NAME | | | 3.2 NAME | | | | | |
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| NAME | | | 4. 2 NAM | | | | | |
| STREET ADDRES | 20 | | | ET ADORESS | | | | |
| CITY-ST-ZIP TITLE | DELETE | | | ST-ZIP | | Cha | ange Addition | |
| NAME | | End sheet to | 5.1 TITLE 5.2 NAME | | | | | |
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| NAME | | | 62 NAME | ĺ | | | | |
| STREET ADDRES | SS | | | T ADDRESS | | | | |
| CITY-SI-ZIP | | | 64 C(TY- | | | | | |
| OFFI OF ALL | i . | | ■ 04 PHT. | VI 40 | | | | |

14. I do 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 charged, or on an alternment with my address.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/31/96 Sol-775-2120