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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000007923

OASIS DEVELOPMENT GROUP, INC.

Mailing Address

FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90030 043 ***163.75



Principal Place	e or Business	Walling Address				Į			
446 NW 47 TEF	RRACE STE 101	446 NW 47 TERRACE STE				•			
DEERFIELD BEA	ACH FL 33442	DEERFIELD BEACH FL 3344	DEERFIELD BEACH FL 33442			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qua			· · · ·
						· · · · · · · · · · · · · · · · · · ·	G		
						01/25/1996_			nation For
Principal Place of Business 2a. Mailing Address						4. FEI Number		ļ -	pplied For
21		26				65-0638725			ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desire	ed 🗶	•	Additional	
22		27				3. Service of States Desire		Fee R	equired
City & State	e	City & State			6. Election Campaign Finan	cing 😽	\$5.00	May Be	
23		28				Trust Fund Contribution	~ ~	Added	to Fees
Zip	Country	Zip Country				8. This corporation owes the	current year In	tangible	
	25	29	30			Personal Property Tax.			
24	9. Name and Address of Current					10. Name and Address of N	lew Registered	Agent	
· · · · · · · · · · · · · · · · · · ·	5. Hallie and Address of Current	registered Agent		81	Name	<u> </u>	•	<u> </u>	
BLAZEUICH, MARY K									
			82 Street Add			dress (P.O. Box Number is Not Acceptable)			
9547 E FOWLER AVE									
THO	NOTOSASSA FL 33592			83		•			
				84	City			85 Zip	Code
					•		FL	_ ' '	
11 Dureuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State	and 607,1508. Florida Statute	sthe a	bove.	named corp	oration submits this statement for	r the purpose o	f changing it	s registered
office or r agent. I a	egistered agent, or both, in the State of m familiar with, and accept the obligat	ions of, Section 607.0505, Flor	ida Stat	utes.	ne corporatio	Sira board of an doctors. This copy	,		v
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE:	Registered	i Acent	signature require	d when reinstating)	DATE		 _
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO	O OFFICERS A	ND DIRECT	ORS IN 12
TITLE	PD	☐ DELETE	1.1 TI	ITLE				Change	☐ Addition
			1.2 N	AMF			•		
NAME	ZERBE, ART				ADDRESS				
STREET ADDRESS	446 NW 47 TERRACE STE 101		1						
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	El perett	_	ITY-ST-	-ZIP			Change	Addition
TITLE	SD	☐ DELETE	2.1 Ti					change	
NAME	ZERBE, ART		2.2 N	AME.					
STREET ADDRESS	446 NW 47 TERRACE STE 101		2.3 S	TREET	ADDRESS		-		
CITY-ST-ZIP	DEERFIELD BEACH FL 33442		2.40	CITY-ST	r-ZIP				
TITLE	CALIFICATION FERRINGS	☐ DELETE	3.1 T					☐ Change	☐ Addition
			3.2 N	IAMF					
NAME					ADDRESS				
STREET ADDRESS					i				
CITY-ST-ZIP		□ DELETE		CITY-ST	-217			Change	Addition
TITLE		☐ DELETE	4.1 T						<u></u> .
NAME			4.21	VAME					
STREET ADDRESS	s		4.3 S	TREET	ADDRESS				
CITY-ST-ZIP			4.4 C	ITY-ST	- ZIP				
TITLE		☐ DELETE	5.1 T	TTLE				. Change	Addition
			5.2 N	IAME					
NAME			5.3 S	TREET	ADDRESS				
STREET ADDRESS				TY-ST	1				
CITY-ST-ZIP			6.1 T					Change	Addition
TITLE	,	_ DELETE		,	,				, — — : ·
NAME			6.2 N	AME	l.				
							•		
STREET ADDRESS	} }		6.3 S	STREET	ADDRESS		,		

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, with all other like empowered.

SIGNATURE: