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FILED
Apr 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000072909 (0)

1. Corporation Name
OASIS OUTSOURCING OF COLORADO, INCORPORATED



Principal Place of Business
4200 WACKENHUT DRIVE #100
PALM BEACH GARDENS FL 33410-4243

Mailing Address
4200 WACKENHUT DRIVE #100
PALM BEACH GARDENS FL 33410-4243

3. Date Incorporated or Qualified 09/03/1996	3a. Date of Last Report
4. FEI Number 05-0693257	Applied For Not Applicable
5. Certificate of Status Desired <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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

ROWAN, JAMES P
4200 WACKENHUT DRIVE #100
PALM BEACH GARDENS FL 33410-4243

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	WACKENHUT, GEORGE R	
STREET ADDRESS	4200 WACKENHUT DRIVE #100	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410-4243	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WACKENHUT, RICHARD R	
STREET ADDRESS	4200 WACKENHUT DRIVE #100	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410-4243	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KNEIP, ROBERT C	
STREET ADDRESS	4200 WACKENHUT DRIVE #100	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410-4243	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MAYOTTE, TERRANCE A	
STREET ADDRESS	4200 WACKENHUT DRIVE #100	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410-4243	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NUSBAUM, SANDRA L	
STREET ADDRESS	4200 WACKENHUT DRIVE #100	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410-4243	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	ASST TREAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JAN A. GREEN	
1.3 STREET ADDRESS	4200 WACKENHUT DR #100	
1.4 CITY-ST-ZIP	PALM BEACH GARDENS FL 33410-4243	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 changed on an attachment with an address.

SIGNATURE: _____ 4-10-97 (561) 691 6546

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/96)