

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

FILED
Apr 28 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 # P96000072909 (0)
1. Corporation Name
OASIS OUTSOURCING OF COLORADO, INCORPORATED



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

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|--|------------------------|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | 09/03/1996 | |
| 22 City & State | | 27 City & State | | 4. FEI Number | |
| 23 Zip | | 28 Zip | | 65-0693257 | |
| 24 Country | | 30 Country | | 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | | | |
|---|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| ROWAN, JAMES P 4200 WACKENHUT DRIVE #100 PALM BEACH GARDENS FL 33410-4243 | | | | 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| | | | | | | | |
|----------------------------|----------------------------------|---------------------------------|--|---|--|--|--|
| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| TITLE | D | <input type="checkbox"/> DELETE | | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | WACKENHUT, GEORGE R | | | 1.2 NAME | | | |
| STREET ADDRESS | 4200 WACKENHUT DRIVE #100 | | | 1.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | PALM BEACH GARDENS FL 33410-4243 | | | 1.4 CITY-ST-ZIP | | | |
| TITLE | D | <input type="checkbox"/> DELETE | | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | WACKENHUT, RICHARD R | | | 2.2 NAME | | | |
| STREET ADDRESS | 4200 WACKENHUT DRIVE #100 | | | 2.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | PALM BEACH GARDENS FL 33410-4243 | | | 2.4 CITY-ST-ZIP | | | |
| TITLE | D | <input type="checkbox"/> DELETE | | 3.1 TITLE | CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | KNEIP, ROBERT C | | | 3.2 NAME | Kneip, Robert C. | | |
| STREET ADDRESS | 4200 WACKENHUT DRIVE #100 | | | 3.3 STREET ADDRESS | 4200 wackenhut Drive, #100 | | |
| CITY-ST-ZIP | PALM BEACH GARDENS FL 33410-4243 | | | 3.4 CITY-ST-ZIP | Palm Beach Gardens FL 33410 | | |
| TITLE | D | <input type="checkbox"/> DELETE | | 4.1 TITLE | D/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | MAYOTTE, TERRANCE A | | | 4.2 NAME | Mayotte, Terry P. | | |
| STREET ADDRESS | 4200 WACKENHUT DRIVE #100 | | | 4.3 STREET ADDRESS | 4200 wackenhut Drive #100 | | |
| CITY-ST-ZIP | PALM BEACH GARDENS FL 33410-4243 | | | 4.4 CITY-ST-ZIP | Palm Beach Gardens FL 33410 | | |
| TITLE | D | <input type="checkbox"/> DELETE | | 5.1 TITLE | D/V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | NUSBAUM, SANDRA L | | | 5.2 NAME | Nusbaum, Sandra L. | | |
| STREET ADDRESS | 4200 WACKENHUT DRIVE #100 | | | 5.3 STREET ADDRESS | 4200 wackenhut Drive #100 | | |
| CITY-ST-ZIP | PALM BEACH GARDENS FL 33410-4243 | | | 5.4 CITY-ST-ZIP | Palm Beach Gardens FL 33410 | | |
| TITLE | AT | <input type="checkbox"/> DELETE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | GREEN, IAN A | | | 6.2 NAME | | | |
| STREET ADDRESS | 4200 WACHENHUT DR., #100 | | | 6.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | PALM BEACH GARDENS FL | | | 6.4 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

CR2E034 (10/97)