

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2001 8:00 am
Secretary of State

04-20-2001 90180 035 ***150.00

DOCUMENT # P97000003965

1. Entity Name
OASIS OUTSOURCING IV, INC.

Principal Place of Business 4200 WACKENHUT DRIVE SUITE 100 PALM BEACH GARDENS FL 33410-4243	Mailing Address 4200 WACKENHUT DRIVE SUITE 100 PALM BEACH GARDENS FL 33410-4243
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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4. FEI Number **65-0727080** Applied For Not Applicable

5. Certificate of Status Desired - **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FINIZIA, F.E.
 4200 WACKENHUT DRIVE
 SUITE 100
 PALM BEACH GARDENS FL 33410-4243**

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D WACKENHUT, GEORGE R 20 CASUARINE CONCOURSE CORAL GABLES FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete DC WACKENHUT, RICHARD R 135 S RIVER RD STUART FL 34996
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete DCEO KNEIP, ROBERT C 7661 BOLD LAD RD PALM BEACH GARDENS FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete DT MAYOTTE, TERRY P 6600 SW 75 TERR MIAMI FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete DV NUSBAUM, SANDRA L 804 SABLE PALM LN PALM BEACH GARDENS FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete AT GREEN, IAN 12764 NW 15 ST SUNRISE FL 33323

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 270 BULLUDA BAYLANE VENO BEACH FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 63 UNO LAGO DR JUNO BEACH FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: IAN GREEN V.P., TAX Date: 4/20/01 Daytime Phone # _____

CR2E034 (10/00)