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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000091653 (0) DOCUMENT # 1. Corporation Name

OASIS RV CENTER INC.

FILED May 04 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address			
1116E ENTERPRISE COURT 1116E ENTERPRISE COUR HOLLY HILL FL 32117 HOLLY HILL FL 32117			IRT		DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified 10/23/1997
2. Principal Place of Business 28. Mailing Address			· · ·		4 FEI Number Applied For
21 26					59-34/554 Not Applicable
Sulte, Apt. #, etc. 22		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Regulred
City & State City & State		City & State			6. Election Campaign Financing \$5.00 May Be
23		28	28		Trust Fund Contribution Added to Fees
Zip	Country Zip Cou		Coun	try	8. This corporation owes or has paid the current year Intangible
24	25	29	30		Personal Property Tax due June 30. 1/2 Yes No
g, Name and Address of Current Registered Agent KRAMER PICHARD I 81 Name					
KRAMER, RICHARD L				Name	
1116E ENTERPRISE COURT HOLLY HILL FL 32117			8	Street Add	ress (P.O. Box Number is Not Acceptable)
			ε	33	
W.	-		8	4 City	FL 85 Zip Code
11. Pursuant to the provisions of Soctions 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 profest name of registered agent and title diagramable (NOTE Registered Agent signature required when reinstating) DATE					
12.		ND DIRECTORS	13.	sgent argita.ure requi	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITU	£	Change Addition
NAME	GOOD, NORMAN W		1.2 NAM	E	-
STREET ADDRESS			1.3 STR	ET ADDRESS	
CITY-ST-ZIP	SOUTH DAYTONA FL 32119		1.4 CITY	-ST-ZIP	
TITLE	D	☐ DELET E	2.1 TITL		☐ Change ☐ Addition
NAME	KRAMER, RICHARD L			IE .	
STREET ADDRESS	\$30 PINE STREET		23 STRE	ET ADDRESS	•
CITY-ST-ZIP	ORMOND BEACH FL 32174		2. 4 C(T)	r-ST-ZIP	
TITLE		☐ DELETE	3.1 TITL	E	☐ Change ☐ Addilion
NAME			3.2 NAM	E	
STREET ADDRESS			3.3 STRE	EFT ADDRESS	
CITY-ST-ZIP				- ST-ZIP	
TITLE		L.J DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4, 2 NAN		
STREET ADDRESS			1	ET ADDRESS	
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	DELETE	·	-ST-ZIP	
TITLE		DELETE	5.1 TITLI		☐ Change ☐ Addition
NAME			5.2 NAM		
STREET ADDRESS				ET ADDRESS	·
CITY-ST-ZIP		DELETE	_	-ST-ZIP	Change Addition
TITLE		ר"ו הנרכון	6.1 TITUE	į.	Change Addition
NAME OTOTET ADDOCCO			6.2 NAM	ł	
STREET ADDRESS				ET ADDRESS	
CITY-ST-ZIP			6.4 CITY	- ST - ZIP	

14. Thereby 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 13 if changed, or on an attachment with an address.