SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000108124 (3)

OASIS LAKES MANAGEMENT, INC.

Principal Place of Business Mailing Address 12400 S. INTERNATIONAL DR. 12400 S. INTERNATIONAL DR. ORLANDO FL 32821 ORLANDO FL 32821 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/26/1997 2. Principal Place of Business 2a. Mailing Address Applied For 3486245 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip 8. This corporation owes or has pald the current year Intangible Personal Property Tax due June 30. Yes No Country Zip Country 24 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 200 S. ORANGE AVE., SUITE 2300 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 83 City Zip Code 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) CR2E034 (5/98) 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE 1.1 TITLE Change Addition DELETE GIANELLI, PETER A NAME 1.2 NAME 12400 S. INTERNATIONAL DR. STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL 32821 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition BAYNARD, STEPHEN NAME 2.2 NAME STREET ADDRESS 12400 S. INTERNATIONAL DR. 2.3 STREET ADDRESS ORLANDO FL 32821 CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE 6.1 TITLE DELETE Change ____ Addition

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

FILED Aug 20 1998 8:00am Secretary of State



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.

Change

Addition