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Secretary of State

04-28-1999 90009 003 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000010106

1. Corporation Name

OASIS MARKETING, INC.

Principal Place of Business

2121 NE COACHMAN ROAD STE 1
CLEARWATER FL 33765

Mailing Address

2121 NE COACHMAN ROAD STE 1
CLEARWATER FL 33765

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/29/1998

4. FEI Number

59-3497043

Applied For

No Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 24761 US Hwy 19 N

Suite, Apt. #, etc.

22 630

City & State

23 Clearwater, FL

Zip

24 33763

Country

25 USA

2a. Mailing Address

26 24761 US Hwy 19 N

Suite, Apt. #, etc.

27 630

City & State

28 Clearwater, FL

Zip

29

Country

30 USA

9. Name and Address of Current Registered Agent

SCOURTAS, LOUIS
2121 NE COACHMAN ROAD STE 1
CLEARWATER FL 33765

10. Name and Address of New Registered Agent

81 Name

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

24761 US Hwy 19 N Suite 630

83

84 City Clearwater

FL

85 Zip Code

33763

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

4/23/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETED
NAME GEORGE, DONNA M
STREET ADDRESS 2121 NE COACHMAN ROAD STE 1
CITY-STATE-ZIP CLEARWATER FL 33765TITLE ☐ DELETENAME
STREET ADDRESS
CITY-STATE-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-STATE-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-STATE-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-STATE-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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, with all other like empowered.

SIGNATURE:

Signature and typed or printed name of signing officer or director

DONNA M.

FACED 4/23/99

727-443-0709

CR2E034 (11/98)