

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V31979** (0)

1. Corporation Name

THE OASIS LOUNGE, INC.

Principal Place of Business

**5256 GULF BREEZE PARKWAY
GULF BREEZE FL 32561**

Mailing Address

**5256 GULF BREEZE PARKWAY
GULF BREEZE FL 32561**



2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24		29	
25		30	

3. Date Incorporated or Qualified 04/24/1992	3a. Date of Last Report 05/01/1995
4. FEI Number 59-3119268	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

**ADAMS, JAMIE
1874 SUNNY OAK ST.
GULF BREEZE FL 32561**

10. Name and Address of New Registered Agent

81. Name	Jamie Towe
82. Street Address (P.O. Box Number is Not Acceptable)	1697 Oak Dr
83.	
84. City	Gulf Breeze
FL	FL
85. Zip Code	32561

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 607.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of person whose name is applied.

Jamie Towe

5/30/96

DATE

12. OFFICERS AND DIRECTORS	
TITLE	DP
NAME	BAAS, EUGENE D.
STREET ADDRESS	1874 SUNNY OAK ST.
CITY - ST - ZIP	GULF BREEZE FL
TITLE	M
NAME	HARVELL, LORI
STREET ADDRESS	1886 SUNNY OAK STREET
CITY - ST - ZIP	GULF BREEZE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - 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 - ST - ZIP	
2.1 TITLE	☐ Change ☒ Addition
2.2 NAME	M Herren, Sue W
2.3 STREET ADDRESS	5426 Harmony Ln
2.4 CITY - ST - ZIP	Gulf Breeze FL 32561
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Sue W Herren, Mgr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96

DATE

904-934-9544

PHONE NUMBER

CR2E034 (12/95)