FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 4:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V65604** **(3)**

1. Corporation Name
TRAVEL OASIS, INC.

Principal Place of Business	Mailing Address
140 NORTH NOVA ROAD ORMOND BEACH FL ~~32176~~ 32174	140 NORTH NOVA ROAD ORMOND BEACH FL ~~32176~~ 32174

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
09/22/1992	04/29/1994

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

4. FEI Number: 59-3142444 ☐ 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

LABRET, STEVEN M
501 NORTH MAGNOLIA AVENUE
SUITE A
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name: John Cacciatore
82 Street Address (P.O. Box Number is Not Acceptable): 790 N. Orange Avenue
83:
84 City: Orlando, FL FL 85 Zip Code: 32801

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] JOHN M. CACCIATORE (Typed or printed name of person signing if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 4-27-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	FELBER, NANCY	12 NAME	
STREET ADDRESS	150 A BLUE HERON DR.	13 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32119	14 CITY-ST-ZIP	
TITLE	VST	21 TITLE	Vice President ☑ Change ☐ Addition
NAME	KARAMITOS, GEORGE	22 NAME	Edward Hundi
STREET ADDRESS	914 STANFORD AVENU	23 STREET ADDRESS	140 N. NOVA ROAD
CITY-ST-ZIP	ORMOND BEACH FL 32174	24 CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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.

SIGNATURE: Nancy Felber NANCY FELBER 4-27-95 (904-677-7900)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number
PRESIDENT

0011088 CP