

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90026 012 ***150.00

DOCUMENT # V65604

1. Corporation Name
TRAVEL OASIS, INC.



Principal Place of Business
**140 NORTH NOVA ROAD
ORMOND BEACH FL 32176**

Mailing Address
**140 NORTH NOVA ROAD
ORMOND BEACH FL 32176**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/22/1992

4. FEI Number

59-3142444

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FRIEBIS, D S
3890 TURTLE CREEK DRIVE
STE B1
PORT ORANGE FL 32127**

81 Name

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

83

84 City

FL

85 Zip Code

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☒ DELETE
NAME **FELBER, NANCY**
STREET ADDRESS **150 A BLUE HERON DR.**
CITY-ST-ZIP **DAYTONA BEACH FL 32119**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **Fawzia Guindi**
2.3 STREET ADDRESS **3565 Tuchman**
2.4 CITY-ST-ZIP **Bloomfield Hills, MI 48301**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **Edward Guindi**
3.3 STREET ADDRESS **2190 Terrace Blvd.**
3.4 CITY-ST-ZIP **Longwood FL 32779**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **D.P. - PRESIDENT**
4.3 STREET ADDRESS **Sheriff Guindi -**
4.4 CITY-ST-ZIP **53 Croctaw Trail**
Ormond Beach, FL 32174

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **Dr. Sami Guindi**
5.3 STREET ADDRESS **3565 Tuchman**
5.4 CITY-ST-ZIP **Bloomfield Hills, MI 48301**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME **Danita Guindi**
6.3 STREET ADDRESS **53 Croctaw Trail**
6.4 CITY-ST-ZIP **Ormond Beach, FL 32174**

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:

SHERIFF GUINDI
President

4/8/99 (904) 677-7900
Date Daytime Phone #

CR2E034 (11/98)