

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

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Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90055 016 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 450566

1. Corporation Name
OMINE, INC.

Principal Place of Business 150 N.W. 168TH STREET SUITE 300 NORTH MIAMI BEACH FL 33169	Mailing Address 150 N.W. 168TH STREET SUITE 300 NORTH MIAMI BEACH FL 33169
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1920 E. HALLANDALE BCH. BLDG.	2a. Mailing Address 26 1920 E. HALLANDALE BCH. BLDG.	3. Date Incorporated or Qualified 04/19/1974	4. FEI Number 59-2121501	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc 22 SUITE 906	Suite, Apt. #, etc 27 SUITE 906	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
City & State 23 HALLANDALE FL	City & State 28 HALLANDALE FL	24 Zip 33009 25 Country USA	29 Zip 33009 30 Country USA	

9. Name and Address of Current Registered Agent

LIPSON, ARTHUR
 150 N.W. 168TH STREET
 NORTH MIAMI BEACH FL 33109

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
1920 E. HALLANDALE BCH. BLDG.
 83 **SUITE 906**
 84 City **HALLANDALE** FL 85 Zip Code **33009**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LIPSON, ARTHUR	
STREET ADDRESS	150 N.W. 168TH STREET	
CITY-ST-ZIP	NORTH MIAMI BCH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LIPSON, SHELLY	
STREET ADDRESS	150 N.W. 168TH STREET	
CITY-ST-ZIP	NORTH MIAMI BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1920 E. HALLANDALE BCH. BLDG. - # 906
1.4 CITY-ST-ZIP	HALLANDALE, FL 33009
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1920 E. HALLANDALE BCH. BLDG. - # 906
2.4 CITY-ST-ZIP	HALLANDALE, FL 33009
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-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 REQUIRED** **3/26/99** **(954) 454-1114**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
ARTHUR LIPSON

CR20924 (11/98)