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 # **F95000003502 (0)**

1. Corporation Name

OMI ACQUISITION CORP.

Principal Place of Business	Mailing Address
425 NORTH DR. MELBOURNE FL 32935	425 NORTH DR. MELBOURNE FL 32935

3. Date Incorporated or Qualified: 07/03/1995

3a. Date of Last Report:

2. Principal Place of Business
21 2330 Commerce Park Drive, NE
Suite, Apt. #, etc.
22 Suite 2
City & State
23 Palm Bay, FL
24 Zip 32905 25 Country USA

2a. Mailing Address
26 2330 Commerce Park Drive, NE
Suite, Apt. #, etc.
27 Suite 2
City & State
28 Palm Bay, FL
29 Zip 32905 30 Country USA

4. FEI Number: 59-3321536 ☐ 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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 N/A (Signature, typed or printed name of registered agent and the title of officer) N/A (NOTE: Registered Agent signature required when reinstating) DATE N/A

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	ROSS, RICHARD		1.2 NAME	Ross, Richard
STREET ADDRESS	425 NORTH DR.		1.3 STREET ADDRESS	2330 Commerce Park Drive, NE
CITY-ST-ZIP	MELBOURNE FL 32935		1.4 CITY-ST-ZIP	Suite 2 Palm Bay, FL 32905
TITLE	D	☐ DELETE	2.1 TITLE	D ☒ Change ☐ Addition
NAME	PITEK, NANCY		2.2 NAME	Pitek, Nancy
STREET ADDRESS	425 NORTH DR.		2.3 STREET ADDRESS	2330 Commerce Park Drive, NE
CITY-ST-ZIP	MELBOURNE FL 32935		2.4 CITY-ST-ZIP	Suite 2 Palm Bay, FL 32905
TITLE	D	☐ DELETE	3.1 TITLE	D ☒ Change ☐ Addition
NAME	NEWMAN, MARK		3.2 NAME	Newman, Mark
STREET ADDRESS	425 NORTH DR.		3.3 STREET ADDRESS	2330 Commerce Park Drive NE
CITY-ST-ZIP	MELBOURNE FL 32935		3.4 CITY-ST-ZIP	Suite 2 Palm Bay, FL 32905
TITLE	ST	☐ DELETE	4.1 TITLE	ST ☒ Change ☐ Addition
NAME	RUSSO, ROBERT		4.2 NAME	Russo, Robert
STREET ADDRESS	425 NORTH DR.		4.3 STREET ADDRESS	2330 Commerce Park Drive NE
CITY-ST-ZIP	MELBOURNE FL 32935		4.4 CITY-ST-ZIP	Suite 2 Palm Bay, FL 32905
TITLE	C	☐ DELETE	5.1 TITLE	M ☒ Change ☐ Addition
NAME	MARONEY, DIANE		5.2 NAME	Maroney, Diane
STREET ADDRESS	425 NORTH DR.		5.3 STREET ADDRESS	2330 Commerce Park Drive NE
CITY-ST-ZIP	MELBOURNE FL 32935		5.4 CITY-ST-ZIP	Suite 2 Palm Bay FL 32905
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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: Robert Russo Robert Russo Sec/Treas 6/27/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 576 231 4501