

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

FILED
Mar 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G17306 (3)

1. Corporation Name
WORLD OMNI FINANCIAL CORP.

Principal Place of Business 120 N.W. 12TH AVE. LEGAL DEPT-W.O. DEERFIELD BEACH FL 33442	Mailing Address 120 N.W. 12TH AVE. LEGAL DEPT-W.O. DEERFIELD BEACH FL 33442
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 111 NW 12th Avenue Suite, Apt. #, etc. 27 Deerfield Beach, FL City & State 28 Zip 29 33442
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3. Date Incorporated or Qualified 12/30/1982	4. FEI Number 59-2238832	Applied For <input type="checkbox"/> Not Applicable
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 or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. 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
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D MORAN, JANICE M. 100 NW 12TH AVE DEERFIELD BCH. FL	1.1 TITLE <input checked="" type="checkbox"/> DELETE
NAME	VPT ALLEN, A TUCKER 100 NW 12TH AVENUE DEERFIELD BEACH FL	1.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	T ALLEN, A. TUCKER 100 NW 12TH AVE DEERFIELD BCH. FL	1.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	AS HAYMAN, JEFFREY L. 100 NW 12TH AVE DEERFIELD BCH. FL	1.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
	S WHELAN, JOHN J. 100 NW 12TH AVE DEERFIELD BCH FL	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
		2.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
		2.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
		2.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *John J. Whelan* 3/19/98 954-429-2010

CR2E034 (10/97)