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 MAR -6 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L45613** **(1)**

1. Corporation Name
OMNI LAND COMPANY, INC.

Principal Place of Business	Mailing Address
524 FERNWOOD RD KEY BISCAYNE FL 33149 US	524 FERNWOOD RD KEY BISCAYNE FL 33149 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/26/1990	3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0188842	☐ 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	

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

9. Name and Address of Current Registered Agent

REBOZO, MR. C. G.
524 FERNWOOD RD
KEY BISCAYNE FL 33149

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 _____ DATE
(If changing Registered Agent, Registered Agent's signature required; when necessary) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 19	
11 TITLE	DP	11 TITLE	☐ Change ☐ Addition
12 NAME	RUSSELL, LUTHER J.	12 NAME	
13 STREET ADDRESS	465 RIVERSIDE DR	13 STREET ADDRESS	
14 CITY-ST-ZIP	STUART FL	14 CITY-ST-ZIP	
21 TITLE	DVT	21 TITLE	☐ Change ☐ Addition
22 NAME	REBOZO, C.G.	22 NAME	
23 STREET ADDRESS	2 HARBOR POINT	23 STREET ADDRESS	
24 CITY-ST-ZIP	KEY BISCAYNE FL	24 CITY-ST-ZIP	
31 TITLE	S	31 TITLE	☐ Change ☐ Addition
32 NAME	SMITH, JOAN	32 NAME	
33 STREET ADDRESS	465 RIVERSIDE DR	33 STREET ADDRESS	
34 CITY-ST-ZIP	STUART FL	34 CITY-ST-ZIP	
41 TITLE		41 TITLE	☐ Change ☐ Addition
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY-ST-ZIP		44 CITY-ST-ZIP	
51 TITLE		51 TITLE	☐ Change ☐ Addition
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY-ST-ZIP		54 CITY-ST-ZIP	
61 TITLE		61 TITLE	☐ Change ☐ Addition
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I 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 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 the 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: R C Rebozo Pres & Treas 2/28/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date

0182408 CP