

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 # **N146867**
1. Corporation Name

The Omega Recreation Council, Inc.

Principal Place of Business
**7200 NW 17th St.
Plantation, Florida
33313**

Mailing Address
**7200 NW 17th St.
PLANTATION, FLORIDA
33313**

3. Date Incorporated or Qualified **01/16/1992** 3a. Date of Last Report

4. FEI Number **65-0402617** Applied For Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

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

10. Name and Address of New Registered Agent

**DISHOWITZ, MARTIN R.
499 NW 70th AVE.
PLANTATION, FLORIDA
33313**

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 _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P/D	<input type="checkbox"/> DELETE
NAME	CHODOROW, LEO	
STREET ADDRESS	7300 NW 17th St.	
CITY-ST-ZIP	PLANTATION, FLORIDA 33313	
TITLE	V/D	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, LEONARD	
STREET ADDRESS	1751 NW 75th Ave	
CITY-ST-ZIP	PLANTATION FLORIDA 33313	
TITLE	S/D	<input type="checkbox"/> DELETE
NAME	COMITOR, EVELYN	
STREET ADDRESS	1801 NW 75th Ave	
CITY-ST-ZIP	PLANTATION, FLORIDA 33313	
TITLE	T/D	<input type="checkbox"/> DELETE
NAME	RICH, JACQUELINE	
STREET ADDRESS	1701 NW 75th Ave.	
CITY-ST-ZIP	PLANTATION, FLORIDA 33313	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	V/D
2.3 STREET ADDRESS	FOX, MARVIN
2.4 CITY-ST-ZIP	7450 NW 17th St. PLANTATION, FLORIDA 33313
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	90000185300
6.3 STREET ADDRESS	-06/06/96--01022--010
6.4 CITY-ST-ZIP	***225.00

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: *Leo Chodorow*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LEO CHODOROW

4/29/96 **954-581-0165**
Date Time Phone #
454-791-0365

CR2E034 (12/95)