

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6/8/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mertham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 JUL 24 AM 8:42

DOCUMENT # P94000033398 (6)

1. Corporation Name
OMNI PARKING SYSTEMS, INC.

Principal Place of Business Mailing Address
8353 LAKE DRIVE STE. 504-J MIAMI FL 33166 **8353 LAKE DRIVE STE. 504-J MIAMI FL 33166**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **05/03/1994** 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

4. FEI Number **65-0486711** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 6. Election Campaigns Financing / Total Board Contributions **\$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
**CORPORATE CREATIONS ENTERPRISES INC.
 4521 PGA BLVD. STE. 211
 PALM BEACH GARDENS FL 33418**

10. Name and Address of New Registered Agent
 B1 Name
 B2 Street Address, P.O. Box Number is Not Acceptable
 B3
 B4 City **FL** B5 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 _____ (NAME: Registered Agent signature (legible and unabbreviated))

12. OFFICERS AND DIRECTORS
 TITLE **D**
 NAME **BOOKER, RAYMOND**
 STREET ADDRESS **C/O 8353 LAKE DRIVE STE. 504-J**
 CITY, ST, ZIP **MIAMI FL 33166**

13. Additions and Changes
 11 TITLE Change Addition
 12 NAME
 13 STREET ADDRESS
 14 CITY, ST, ZIP
 21 TITLE Change Addition
 22 NAME
 23 STREET ADDRESS
 24 CITY, ST, ZIP
 31 TITLE Change Addition
 32 NAME
 33 STREET ADDRESS
 34 CITY, ST, ZIP
 41 TITLE Change Addition
 42 NAME
 43 STREET ADDRESS
 44 CITY, ST, ZIP
 51 TITLE Change Addition
 52 NAME
 53 STREET ADDRESS
 54 CITY, ST, ZIP
 61 TITLE Change Addition
 62 NAME
 63 STREET ADDRESS
 64 CITY, ST, ZIP

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)(b), 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: Raymond Booker - RAYMOND Booker 7-18-90 (805) 477-0217
DATE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/95)