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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

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(8)

1. Corporation Name OMNIVEST RESEARCH CORPORATION  Principal Place of Business Mailing Address 250 TAMPA AVE W VENICE FL 34285 VENICE FL 34285 VENICE FL 34285									
VENICE FL 34	1285	VENICE PL 34285-1729	,				Ta. 5:	-61 -45	
						3. Date Incorporated or Qualified 10/16/1969	1	of Last R /1996	eport
2. Principal 21	Place of Business	2a. Mailing Address				4. FEI Number 59-1280601		<del></del>	plied For of Applicable
Suite Ap	: #, etc.	Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·		<del></del>		<u></u>	\$8.75	
22		27				5. Certificate of Status Desired		Fee Re	
City & Sta	ite	City & State				Election Campaign Financing     Trust Fund Contribution		\$5.00 Added	
Zip	Country	Zip	TC	ountry	<del>, , , , , , , , , , , , , , , , , , , </del>	8. This corporation has liability for			
24	25	29	30	·			] Yes 🔲		
	9. Name and Address of Cur					10. Name and Address of New Re	gistered Ag	ent	
CA	LDWELL, ROLAND G.			81	Name				
	TAMPA AVE., W.			82	Street Add	fress (P.O. Box Number is Not Acceptal	ole)		
VE	NICE FL 34285								
				83					
				84	City		FL	85 Zip (	Code
11 Duration	t to the provisions of Sections 607.6	Nin2 and 607 1508 Elorida S	tatutes the	about	a-pamed cor	noration submite this statement for the		hanging it	e renieteren
office or agent I	registered agent, or both, in the St am familiar with, and accept the ob-	ate of Florida. Such change vollgations of, Section 607.050	vas authori. 5. Florida S	zed by latute	the corpora s.	poration submits this statement for the lation's board of directors. I hereby acce	pt the appoi	ntment as	registered
SIGNATURE			····						
12.	Signarize type dior printed name of registered	agent and title if applicable  AND DIRECTORS	(NOTE: Registe		eni signalure requ	ired when reinstating)  ADDITIONS/CHANGES TO OFFILE	DATE	IDECTOR	C (N 12
12. 100	CPD	DELETE		TITLE		ADDITIONS/CHAINGES TO OFFIC		Change	Addition
NAME	CALDWELL, ROLAND G.			NAME	Į.		-		<u></u>
STREET ADDRESS					ADDRESS				
CITY - ST - ZIP	VENICE FL		- 1	CITY-S	1				
TITLE	D	DELETE		TILLE	<del></del>		ΤΤ	Change	Addition
NAME	MEYERHOFF, JACK	•		NAME				-	
STREET ADDRESS	1		2.3	STAEET	ADDRESS				
C(1Y - S1 - Z(P	NOKOMIS FL		2.	4 CITY -	ST-ZIP				
TITLE	STD	☐ DELETE		TITLE			L	Change	Addilio
NAME	CALDWELL, ROLAND G., JA	<b>}</b> .	3.2	NAME	1				
STREET ADDRESS			3.3	STREET	ADDRESS				
CHTY - ST - ZHP	VENICE FL		34	. CITY-	ST-ZIP				
TITLE		DELETE	4.1	TITLE				Change	Addition
NAME			4.	2 NAME	l				
STREET ADDRESS	; [		4.3	STREET	ADDRESS				

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filling 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 is type-of Securate 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 and provided on the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee and provided of the corporation or the receiver or trustee and provided of the corporation of the corporation or the receiver or trustee and that my secure 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.

4.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE 6.2 NAME

DELETE

DELETE

SIGNATURE:

City-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

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THELF

SIGNATURE AND TYPED OR PRINTED NAM

noc coenogon yorky (qu) 493-

Change

Change

Addition

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**FILED** 

May 08 1997 8:00am

Secretary of State