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Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90055 016 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 450566

1. Corporation Name
OMINE, INC.

Principal Place of Business
150 N.W. 168TH STREET
SUITE 300
NORTH MIAMI BEACH FL 33169

Mailing Address
150 N.W. 168TH STREET
SUITE 300
NORTH MIAMI BEACH FL 33169

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/19/1974

4. FEI Number

59-2121501

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 owes the current year Intangible
Personal Property Tax.

Yes No

2. Principal Place of Business

21 1920 E. HALLANDALE BCH. BVD.

Suite, Apt. #, etc SUITE 906

City & State HALLANDALE FL

Zip 33009 Country USA

24 9. Name and Address of Current Registered Agent

LIPSON, ARTHUR
150 N.W. 168TH STREET
NORTH MIAMI BEACH FL 33109

2a. Mailing Address

26 1920 E. HALLANDALE BCH. BVD.

Suite, Apt. #, etc SUITE 906

City & State HALLANDALE FL

Zip 33009 Country USA

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
1920 E. HALLANDALE BCH. BVD.

83 SUITE 906

84 City HALLANDALE

FL

85 Zip Code 33009

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME LIPSON, ARTHUR
STREET ADDRESS 150 N.W. 168TH STREET
CITY-ST-ZIP NORTH MIAMI BCH FL

TITLE VD
NAME LIPSON, SHELLY
STREET ADDRESS 150 N.W. 168TH STREET
CITY-ST-ZIP NORTH MIAMI BCH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 1920 E. HALLANDALE BCH. BVD. - #906
1.4 CITY-ST-ZIP HALLANDALE, FL 33009

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 1920 E. HALLANDALE BCH. BVD. - #906
2.4 CITY-ST-ZIP HALLANDALE, FL 33009

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/26/99 (954) 454-1114

CR2024 (11/99)