

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

FILED
May 12 1997 8:00am
Secretary of State

| | | |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

DOCUMENT # **484074**

(0)

1. Corporation Name

OMNI-MIAMI THOM MCAN, INC.

Principal Place of Business

~~67 MILLBROOK ST
WORCESTER, MA 01095~~

**933 MAC ARTHUR BLVD.
MAHWAH, N.J. 07430**

Mailing Address

~~67 MILLBROOK ST
WORCESTER, MA 01095~~

**933 MAC ARTHUR BLVD.
MAHWAH, N.J. 07430**

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 **USA**

29 **USA**

9. Name and Address of Current Registered Agent

**UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

09/08/1975

3a. Date of Last Report

05/01/1996

4. FEI Number

04-2572256

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

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 | AS | <input checked="" type="checkbox"/> DELETE |
| NAME | LARENCE, ROGER | |
| STREET ADDRESS | 67 MILLBROOK ST | |
| CITY-ST-ZIP | WORCESTER, MA 00000 | |
| TITLE | PO | <input checked="" type="checkbox"/> DELETE |
| NAME | MCVEY, LARRY A | |
| STREET ADDRESS | 67 MILLBROOK ST | |
| CITY-ST-ZIP | WORCESTER, MA 00000 | |
| TITLE | VD | <input checked="" type="checkbox"/> DELETE |
| NAME | WOZNAK, EDWARD S. | |
| STREET ADDRESS | 67 MILLBROOK ST | |
| CITY-ST-ZIP | WORCESTER, MA 00000 | |
| TITLE | V | <input checked="" type="checkbox"/> DELETE |
| NAME | FERAIOLI, RICHARD A | |
| STREET ADDRESS | 67 MILLBROOK ST | |
| CITY-ST-ZIP | WORCESTER, MA 00000 | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | ANDERSON, THEODORE L. | |
| STREET ADDRESS | 67 MILLBROOK ST | |
| CITY-ST-ZIP | WORCESTER, MA 00000 | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | QURAESHI, SHAHID | |
| STREET ADDRESS | ONE THEALL ROAD | |
| CITY-ST-ZIP | RYE NY | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|----------------------|------------------------------------------------------------------------------|
| 1.1 TITLE | AS | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | GERALD BAHLMAN | |
| 1.3 STREET ADDRESS | 933 MAC ARTHUR BLVD. | |
| 1.4 CITY-ST-ZIP | MAHWAH, N.J. 07430 | |
| 2.1 TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | J.M. ROBINSON | |
| 2.3 STREET ADDRESS | 933 MAC ARTHUR BLVD. | |
| 2.4 CITY-ST-ZIP | MAHWAH, N.J. 07430 | |
| 3.1 TITLE | S | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | EDWARD J. LUCBY | |
| 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 | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

14. I do 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 included or on an attachment with an address.

SIGNATURE

GERALD BAHLMAN

JAN 13 1997

(201) 934-2000

CR2E034 (9/96)