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

PROFIT CORPORATION ANNUAL REPORT

**1995**

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

FILED
95 AUG 10 AM 11:51
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **565770** **(5)**

1. Corporation Name

**THE OMNI FORCE, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 30 PELICAN PT DR #201<br>DELRAY BCH FL 33483 | 30 PELICAN PT DR #201<br>DELRAY BCH FL 33483 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/01/1978
3a. Date of Last Report: 05/13/1994

4. FEI Number: 59-1802573 ☐ 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

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 2400 NW 22 AVE. | 26 2400 SW 22 AVE |
| 22 Suite, Apt. #, etc. 501 | 27 Suite, Apt. #, etc. 501 |
| 23 City & State Delray Beach FL | 28 City & State Delray Beach FL |
| 24 Zip 33445 25 Country Fla Beach | 29 Zip 33445 30 Country Fla Beach |

| 8. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| MATTHEWS, THOMAS S.<br>30 PELICAN PT DR #201<br>DELRAY BCH FL 33483 | 01 Name: Thomas S. Matthews<br>02 Street Address (P.O. Box Number is Not Acceptable): 2400 SW 22 AVE<br>03: unit 501<br>04 City: Delray Beach FL 05 Zip Code: 33445 |

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: Thomas S. Matthews — 8/3/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | PC | 1.1 TITLE | PC | ☒ Change ☐ Addition |
| NAME | MATTHEWS, THOMAS S. | 1.2 NAME | Thomas S. MATTHEWS | |
| STREET ADDRESS | 30 PELICAN PT. DR. #201 | 1.3 STREET ADDRESS | 2400 SW 22 AVE #501 | |
| CITY-ST-ZIP | DELRAY BCH. FL | 1.4 CITY-ST-ZIP | Delray Beach FL 33445 | |
| TITLE | S | 2.1 TITLE | S | ☒ Change ☐ Addition |
| NAME | MATTHEWS, BLANCHE E. | 2.2 NAME | Blanche E. Matthews | |
| STREET ADDRESS | 30 PELICAN PT. DR. #201 | 2.3 STREET ADDRESS | 2400 SW 22 AVE #501 | |
| CITY-ST-ZIP | DELRAY BCH. FL | 2.4 CITY-ST-ZIP | Delray Beach FL 33445 | |
| TITLE | | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 3.2 NAME | | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | | |
| TITLE | | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 4.2 NAME | | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | | |
| TITLE | | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | | |
| TITLE | | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | | |

CR2E034 (3/95)

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: Thomas S. Matthews — 8/3/95 — 407 372-6946
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0152205 FP