

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

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Apr 30 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northon Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 565770 (5)

1. Corporation Name
THE OMNI FORCE, INC.



Principal Place of Business 0 STE. 501 DELRAY BCH FL 33445 US	Mailing Address 2400 SW 22 AVE. STE. 501 DELRAY BCH FL 33445-7720 US
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3. Date Incorporated or Qualified 02/01/1978	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 455A Pandanus Tree Suite, Apt. #, etc. 22 Boynton Beach, FL City & State 23 BOYNTON BEACH Zip 24 33436 Country 25 PALM BEACH 26 same 27 same 28 SOME 29 SOME 30 SOME	2a. Mailing Address 26 same 27 same 28 SOME 29 SOME 30 SOME
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4. FEI Number 59-1802573	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent MATTHEWS, THOMAS S. 2400 SW 22 AVE. UNIT 501 DELRAY BCH FL 33445	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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* 4/23/97
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when installing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PC NAME MATTHEWS, THOMAS S. STREET ADDRESS 2400 SW 22 AVE #501 CITY-ST-ZIP DELRAY BCH FL	<input type="checkbox"/> DELETE 455A PANDANUS TREE RD. BOYNTON BEACH FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME MATTHEWS, BLANCHE E. STREET ADDRESS 2400 SW 22 AVE #501 CITY-ST-ZIP DELRAY BCH FL	<input type="checkbox"/> DELETE SOME 15 D BUCH	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 changed, or on an attachment with an address.

SIGNATURE: *Thomas S. Matthews* Thomas S. MATTHEWS 4/23/97 3044923
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)