

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90223 030 ***150.00

DOCUMENT # 565770

1. Corporation Name
THE OMNI FORCE, INC.



Principal Place of Business
455A PANDANUS TREE
STE. 501
BOYNTON BEACH FL 33436
US

Mailing Address
2400 SW 22 AVE.
STE. 501
DELRAY BCH FL 33445
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/01/1978

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

8. This corporation owes the current year
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 642 SW STREAMLET AVE
Suite, Apt. #, etc.

22 PORT ST. LUCIE FL
City & State

23 PORT ST. LUCIE FL
Zip Country ST.

24 34983 25 PORT LUCIE
Zip Country

2a. Mailing Address

26 642 SW STREAMLET AVE
Suite, Apt. #, etc.

27 PORT ST. LUCIE FL
City & State

28 PORT ST. LUCIE FL
Zip Country

29 34983 30 ST. LUCIE
Zip Country

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 THOMAS S. MATTHEWS

82 Street Address (P.O. Box Number is Not Acceptable)
642 SW STREAMLET AVE

83

84 City PORT ST. LUCIE

FL

85 Zip Code 34983

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

THOMAS S. MATTHEWS Pres.
(NOTE: Registered Agent signature required when reinstating)

4/22/99
DATE

12. OFFICERS AND DIRECTORS

TITLE PC ☐ DELETE
NAME MATTHEWS, THOMAS S.
STREET ADDRESS 455A PANDANUS TREE ROAD
CITY-ST-ZIP BOYNTON BEACH FL

TITLE S ☐ DELETE
NAME MATTHEWS, BLANCHE E.
STREET ADDRESS 455A PANDANUS TREE
CITY-ST-ZIP BOYNTON BEACH FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRES. ☒ Change ☐ Addition
1.2 NAME THOMAS S. MATTHEWS
1.3 STREET ADDRESS 642 SW STREAMLET AVE
1.4 CITY-ST-ZIP PORT ST. LUCIE FL 34983

2.1 TITLE SECRET ☒ Change ☐ Addition
2.2 NAME BLANCHE MATTHEWS
2.3 STREET ADDRESS 455A PANDANUS TREE ROAD
2.4 CITY-ST-ZIP PORT ST. LUCIE FL 34983

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

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

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

6.1 TITLE ☐ Change ☐ Addition
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 119.073(1), 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 a letter like empowered.

SIGNATURE: THOMAS S. MATTHEWS PRESIDENT 4/22/99 561-343-7041
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

0513707