

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra S. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 17 AM 11:59

DOCUMENT # **646347** (5)

1. Corporation Name

EARL K. OMAN, P.A.

Principal Place of Business

**% EARL K. OMAN
4626 UNIVERSITY DR.
CORAL GABLES FL 33146-1149**

Mailing Address

**% EARL K. OMAN
4626 UNIVERSITY DR.
CORAL GABLES FL 33146-1149**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/19/1979** 3a. Date of Last Report **01/19/1994**

4. FEI Number **59-1969500** 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 has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business

21

Suite, Apt. #, etc

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**OMAN, DIANE H
4626 UNIVERSITY DR
CORAL GABLES FL 33146-1149**

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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) (Date)

(NOTE: Signature of Agent required on request of new certificate)

(Date)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	OMAN, EARL K.
STREET ADDRESS	4626 UNIVERSITY DR
CITY, ST, ZIP	CORAL GABLES FL
TITLE	ST
NAME	OMAN, EARL K.
STREET ADDRESS	4626 UNIVERSITY AVE
CITY, ST, ZIP	CORAL GABLES FL
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

11 TITLE	President & Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Diane H. Oman	
13 STREET ADDRESS	4626 University Drive	
14 CITY, ST, ZIP	Coral Gables, FL	
21 TITLE	Secretary & Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Diane H. Oman	
23 STREET ADDRESS	4626 University Drive	
24 CITY, ST, ZIP	Coral Gables, FL 33146	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY, ST, ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY, ST, ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY, ST, ZIP		

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), Florida Statutes. I further certify that the information included 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. 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: *Diane H. Oman* **Diane H. Oman**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/95 (305) 665-7727