

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

FILED
May 15 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F61220 (2)
1. Corporation Name
OMEGA DIVERSIFIED INVESTMENT CONSORTIUM, INC.



Principal Place of Business

Mailing Address

121 NW 8TH AVENUE
FT. LAUDERDALE FL 33311

P.O. BOX 238
FT. LAUDERDALE FL 33302

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 5207 Washington Blvd.
Suite, Apt. #, etc.
22
City & State
23 Tampa, FL
Zip
24 33619
Country
25
2a. Mailing Address
26 5207 Washington Blvd.
Suite, Apt. #, etc.
27
City & State
28 Tampa, FL
Zip
29 33619
Country
30

3. Date Incorporated or Qualified
01/06/1982
4. FEI Number
59-2278555
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 or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHERRY, CHARLES W.
121 NW 8TH AVENUE
FT. LAUDERDALE FL 33311

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 5207 Washington Blvd.
84 City Tampa FL 85 Zip Code 33619

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 the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HICKS, CHARLES W.	1.2 NAME	
STREET ADDRESS	37163 HEATHER COURT S.	1.3 STREET ADDRESS	
CITY-ST-ZIP	WESTLAND MI 48185	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHERRY, GLENN W.	2.2 NAME	
STREET ADDRESS	11511 DYRRHAM LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	GLENDAL MD 20789	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERGUSON, DAVID H.	3.2 NAME	
STREET ADDRESS	9717 GLENN LAUREL WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC 28210	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHERRY II CHARLES W.	4.2 NAME	
STREET ADDRESS	121 NW 8TH AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 119.07(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:

A. S. T. Charles W. Cherry II 4/30/98 864-294-4071

CP2E034 (10/97)