

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Shandra B. Mathiam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F76905 (1)**

1. Corporation Name
OMNI REPRODUCTIONS, INC.



Principal Place of Business
**14460 STRATHMORE LANE
SUITE 107
DELRAY BEACH FL 33446**

Mailing Address
**14460 STRATHMORE LANE
SUITE 107
DELRAY BEACH FL 33446**

3. Date Incorporated (or Qualified) **04/20/1982** 3a. Date Last Raced **03/03/1995**

4. FEET Number **59-2181358** 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 2a. Mailing Address

21 State, Apt. #, etc. 26 State, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

**ROSKIN, SHIRLEY
14460 STRATHMORE LANE
DELRAY BEACH FL 33446**

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 607.1508, 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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11a. TITLE	PV	11.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11b. NAME	ROSKIN, SHIRLEY	12. NAME	
11c. STREET ADDRESS	14460 STRATHMORE LANE	13. STREET ADDRESS	
11d. CITY, ST, ZIP	DELRAY BCH. FL	14. CITY, ST, ZIP	
11e. TITLE	ST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11f. NAME	ROSKIN, SHIRLEY	2.2 NAME	
11g. STREET ADDRESS	14460 STRATHMORE LANE	2.3 STREET ADDRESS	
11h. CITY, ST, ZIP	DELRAY BCH. FL	2.4 CITY, ST, ZIP	
11i. TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11j. NAME		3.2 NAME	
11k. STREET ADDRESS		3.3 STREET ADDRESS	
11l. CITY, ST, ZIP		3.4 CITY, ST, ZIP	
11m. TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11n. NAME		4.2 NAME	
11o. STREET ADDRESS		4.3 STREET ADDRESS	
11p. CITY, ST, ZIP		4.4 CITY, ST, ZIP	
11q. TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11r. NAME		5.2 NAME	
11s. STREET ADDRESS		5.3 STREET ADDRESS	
11t. CITY, ST, ZIP		5.4 CITY, ST, ZIP	
11u. TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11v. NAME		6.2 NAME	
11w. STREET ADDRESS		6.3 STREET ADDRESS	
11x. CITY, ST, ZIP		6.4 CITY, ST, ZIP	

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)(a), 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 trustee 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 appointment with an address.

SIGNATURE: *Shirley Roskin* 2-20-96 4074983640
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day to File

CR2E034 (12/95)