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

**PROFIT** CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F86291

(4)

Mailing Address

OMNI INVESTMENTS AND CONSTRUCTION CO., INC.

2600 THUNDERBIRD ROAD SEBRING FL 33872 US		2600 THUNDERBIRD ROAD SEBRING FL 33872-3443 US				
00		00		3. Date Incorporated or Qualified 08/22/1982	3a. Date of Last Report 09/25/1996	
2. Principal Piace of Business		2a. Mailing Address		4. FEI Number	Applied For	
21		26		59-2219325	Not Applicable	
Suite, Apt. #, etc. 22		Suile, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State 23		City & State	·	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip <b>24</b>	Country <b>25</b>	Zip 29	Country 30		Yes No	
	9. Name and Address of Cu	rrent Registered Agent		10. Name and Address of New Reg	listered Agent	
	RER, JANE M		81 Name		·	
2600 THUNDERBIRD ROAD SEBRING FL 33872						
			83			
			84 City		FL 85 Zip Code	
office or re agent. Lar	to the provisions of Sections 607, egistered agent, or both, in the S m familiar with, and accept the o	tate of Florida. Such change was	s authorized by the corpora	rporation submits this statement for the pu ation's board of directors. I hereby accept	rpose of changing its registered the appointment as registered	
SIGNATURE	Signature, typical or printed having of registere	d name and title if applicable (NO	OTE: Registered Agent signature req	uired when reinstating)	DATE	
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE		
TITLE	PST	DELETE	1.1 TITLE	······································	Change Addition	
NAME	FARRER, J.M.		1.2 NAME		•	
STREET ADDRESS	2600 THUNDERBIRD ROAD		1.3 STREET ADDRESS	•		
ERTY - ST - 7IP	SEBRING FL 33872		1.4 CITY - ST - ZIP		:	
TRLE		DELETE	2.1 TITLE		Change Addition	
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY - ST - ZIP			2. 4 CITY-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS		ļ	
CITY - ST- 7IP	The second secon	**************************************	3.4. CITY - ST - ZIP			
11/LE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CHY+S1+7IP	To a control of the c	··	4.4 CITY - ST - ZIP	PRINT		
TITLE		☐ DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
COTY - ST - ZOP		·····	5.4 CITY - ST- ZIP			
TITLE		☐ DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADORESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY - ST- ZIP			

14. If do hereby cerbly 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 of theorems of the true and that my report as required by Chapter 607, Florida Statutes; and that my name

**SIGNATURE:** 

appears in Block 12 or B

**FILED** 

Apr 18 1997 8:00am

Secretary of State