

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 SEP 16 PM 1:28

DOCUMENT # F87369 (7)

1. Corporation Name

OMNI INTERIORS BY MICHAEL & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

618 U.S. HIGHWAY ONE, STE. 101
NORTH PALM BEACH FL 33408

618 U.S. HIGHWAY ONE, STE. 101
NORTH PALM BEACH FL 33408



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***375.00 ***375.00

2. Principal Place of Business

2a. Mailing Address

21 Suite Apt #, etc.

26 Suite Apt #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PARENTI, MICHAEL J
218 PONCE DE LEON ST.
ROYAL PALM BCH. FL 33410

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

Signature type or printed name of registered agent and title (if applicable)

(If Not Applicable) Agent's signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME PARENTI, MICHAEL J
STREET ADDRESS 218 PONCE DE LEON ST.
CITY-ST-ZIP ROYAL PALM BCH. FL 33410

TITLE ☐ DELETE

NAME VP ROSOLIO, LEONARD
STREET ADDRESS 169 ISLAND WAY
CITY-ST-ZIP WEST PALM BEACH FL 33415

TITLE ☐ DELETE

NAME PARENTI, MARK J
STREET ADDRESS 6100-202 FOREST HILL BLVD.
CITY-ST-ZIP WEST PALM BEACH FL 33415

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☐ Change ☐ Addition

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael J. Parenti

9/10/96 561 842 446