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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F92000000014 (2)**

1. Corporation Name

OMNIOFFICES/ORLANDO, INC.

Principal Place of Business	Mailing Address
1117 PERIMETER CENTER WEST. 5TH FLOOR EAST ATLANTA GA 30338	1117 PERIMETER CENTER WEST. 5TH FLOOR EAST ATLANTA GA 30338

2. Principal Place of Business	2a. Mailing Address
21 101 SOUTHHALL LANE	26
Suite, Apt. #, etc. 22 4TH FLOOR	Suite, Apt. #, etc. 27
City & State 23 MAITLAND, FL	City & State 28
Zip 24 32751 Country 25 ORANGE	Zip 29 32751 Country 30

3. Date Incorporated or Qualified: 10/28/1992	3a. Date of Last Report: 03/13/1995
4. FEI Number: 58-2090929	☐ 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	

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 _____
Signature, type or print name of registered agent, and title if applicable — Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHWARTZ, FRITZI SIGN OF IVANHOE, SAWYER HILL ROAD NEW MILFORD CT 06776 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHWARTZ, IVAN H SIGN OF IVANHOE, SAWYER HILL ROAD NEW MILFORD CT 06776 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SHAW, HOWARD L 1070 DAWNVIEW LANE ATLANTA GA 30327 ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☑ Change ☐ Addition 997 DAVIS DRIVE ATLANTA GA. 30327
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V WEINBLATT, BENNETT 1117 PERIMETER CENTER WEST, 5TH FLOOR EAST ATLANTA GA 30338 ☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST SCOTT, DEBRA 1117 PERIMETER CENTER WEST, 5TH FLOOR EAST ATLANTA GA 30338 ☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

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)(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, added or on an attachment with an address.

SIGNATURE: _____ BENNETT WEINBLATT 4/29/96 770 392 3328
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #