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May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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
101 SOUTHHALL LANE 4TH FLOOR MAITLAND FL 32751 US	1117 PERIMETER CENTER WEST. 5TH FLOOR EAST ATLANTA GA 30338-5417 US

3. Date Incorporated or Qualified: **10/28/1992**
3a. Date of Last Report: **05/01/1996**
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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable.

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

CR2E034 (9/96)

14. I do 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: _____ Bennett Weinblatt 4/29/97 7703923328