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. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

F95000001577 (4)

THE OMIL TIME	DS, INC.				 		1
Principal Place of Busines	s	Mailing Address					II
2154 N.W. 37TH AVE. COCONUT CREEK FL 33066 2154 N.W. 37TH AVE. COCONUT CREEK FL 33066							
					3. Date Incorporated or Qualified 04/03/1995	d 3a. Date of Last Report	
2. Principal Place of Busin	ness	2a. Mailing Address			4. FEI Number	Applied Fo	or or
212497 NW	49th TERRACE		74h TE	PRACE	74-2729237	X Not Applica	
Suite, Apt. #, etc.		Suite, Apt #, etc			5. Certificate of Status Desired	\$8.75 Additiona	al l
22		27			5. Certificate of States (2.5)	Fee Required	
City & State	CREEK, FL	City & State 28 C.0CO NOT CA	KEK.	FL	6. Election Campaign Financing	\$5.00 May Be	
ZIP -	Country	71p	Cour		Trust Fund Contribution 8. This corporation has liability for	Added to Fees	
33063	25 USA	29 33063	30	"USA	Florida Statutes	7 Intangible tax under sil 199.032	
	and Address of Current F	11	1901		10. Name and Address of New F	<u></u>	
ROBY, CARO				Name	SAME (ADDRESS	CHANGE ONLY	١
2154 N.W. 3				Street Address	ess (P.O. Box Number is Not Accepted NW 49TH TE	able)	<i>}</i>
				93			
			[City C OC	LONUT CREEK	FL 85 Zip Code	
office or registered ac	ions of Sections 607.0502 a ent, or both, in the State of th, and accept the obligation	Florida Such change was	authorized l	ve named corporation	oration submits this statement for the on's board of directors. I hereby acce	purpose of changing its register	éd
	un, and accept the obligation	ons of, Section our obos, in	onda Statut	C5			
SIGNATURE							
Signature typed	for printed name of registered agent a	ind little if applicable (NC	OTE Registered	Agent signature require	ed when reinstating)	DArt	
Signature types	OFFICERS AND	DIRECTORS	OTE Registered 13.	Agent signature require	ed when reinstaling) ADDITIONS/CHANGES TO OFF		
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made under oath, that I am an officer or director of the corporation or the feed-yel or trustee empths that my name appears in Block 12 or Block 13 of changed, or on an attachment with an address.

CAROL ANNE ROBY

GNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: __

7-31-96 954-969-0006