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FILED
May 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000003212 (4)

1. Corporation Name

OMS RETAIL SERVICES, INC.

Principal Place of Business

Mailing Address

4747 MCLANE PKWY.
TEMPLE TX 76503-6115

4747 MCLANE PKWY.
TEMPLE TX 76503-6115

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 76504		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 76504		3. Date Incorporated or Qualified 06/19/1997	
4. FEI Number 74-2820511		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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** _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	Rosier, William G.
NAME	ROSIER, WILLIAM C	1.2 NAME	4747 McLane Parkway
STREET ADDRESS	4747 MCLANE PKWY.	1.3 STREET ADDRESS	Temple, TX 76504
CITY-ST-ZIP	TEMPLE TX 76503-6115	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
NAME	HARGER, R D	2.2 NAME	
STREET ADDRESS	4747 MCLANE PKWY.	2.3 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TX 76503-6115	2.4 CITY-ST-ZIP	Temple, TX 76504
TITLE	S	3.1 TITLE	
NAME	MEWHINNEY, LEN	3.2 NAME	
STREET ADDRESS	4747 MCLANE PKWY.	3.3 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TX 76503-6115	3.4 CITY-ST-ZIP	Temple, TX 76504
TITLE	D	4.1 TITLE	
NAME	MCELROY, TERRY	4.2 NAME	
STREET ADDRESS	4747 MCLANE PKWY.	4.3 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TX 76503-6115	4.4 CITY-ST-ZIP	Temple, TX 76504
TITLE	Y	5.1 TITLE	
NAME	KOCH, KEVIN J	5.2 NAME	
STREET ADDRESS	4747 MCLANE PKWY.	5.3 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TX 76503-6115	5.4 CITY-ST-ZIP	Temple, TX 76504
TITLE	Y	6.1 TITLE	
NAME	MANN, CAROLINE R	6.2 NAME	
STREET ADDRESS	4747 MCLANE PKWY.	6.3 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TX 76503-6115	6.4 CITY-ST-ZIP	Temple, TX 76504

14. I 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.

CR2E034 (10/97)