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**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # G08287

1. Corporation Name

## Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90039 045 \*\*\*150.00

	OMAS, INC.								
Principal Place	e of Business	Mailing Address				-	II I I I I I I I I I I I I I I I I I I		BII 41917 BIBII 684)
1657 CEDAR GLEN DR. 1657 CEDAR GLEN DR.						i.			
APOPKA FL 32712 APOPKA FL 32712								<b>-</b>	
						DO NOT WRI	TE IN THIS	SPACE	
						3. Date Incorporated or Qualifed			
		· · · · · · · · · · · · · · · · · · ·				01/01/1983		<del></del>	A - 15 - 1 F - 1
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number			Applied For	
21		26				59-2245657			Not Applicable  5 Additional
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired			Required	
City & State	to Company	City & State				6. Election Campaign Financing			00 May Be
	e	28				Trust Fund Contribution			ed to Fees
Zip	Country	Zip	Count	try		8. This corporation owes the curr	ent vear Int	angible	
24	25	<b>├</b> ── '	30	•		Personal Property Tax.		Yes	□No
24]	9. Name and Address of Curre					10. Name and Address of New F	Registered .	Agent	
		**************************************		31 Na	me				
	MAS, JON		ļ.,			ss (P.O. Box Number is Not Accepta	ablo)		
380	SEMORAN COMMERCE PL		'	32 Str	eet Addre	SS (P.O. BOX Number is Not Accepte	able)		j
STE			1	33					
APO	PKA FL 32703			_				los 7	in Code
			1	34 Cit	ty		FL	85 Z	Lip Code
office or p	to the provisions of Sections 607.05 egistered agent, or both, in the State im familiar with, and accept the obligi	e of Florida. Such change was al	uthorizea i	ov tne o	corporation	n's board of directors. I hereby accep	ot the appoi	ntment as	s registered
SIGNATURE							DATE		
SIGNATURE	Signature, typed or printed name of registered ago	ent and title if applicable. (NOTE	: Registered A		ature required	when reinstating)	DATE	ID DIREC	
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE:	Registered A	gent signa	ature required	when reinstating) ADDITIONS/CHANGES TO OF			CTORS IN 12
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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 or an attachment with an address, with all other like empowered.

SIGNATURE: