

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 01 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 # H46743

(1)

1. Corporation Name

THE OMNIA GROUP INCORPORATED

Principal Place of Business

601 SOUTH BOULEVARD
2 ND FLOOR
TAMPA FL 33606-2677
US

Mailing Address

P O BOX 23205
TAMPA FL 33623-2205
US

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

REYNOLDS, STEPHEN H.

111 MADISON STREET 23RD FLOOR
TAMPA FL 33602

3. Date Incorporated or Qualified

03/05/1985

3a. Date of Last Report

04/26/1996

4. FEI Number

59-2510186

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

10. Name and Address of New Registered Agent

81 Name

STEVEN M. RORER

82 Street Address (P.O. Box Number is Not Acceptable)

3821 SAN PEDRO STREET

83

84 City

TAMPA

FL

85

Zip Code

33629

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

Steven M. Rorer

STEVEN M. RORER / TREASURER

1-23-97

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD CASWELL, JOHN B.

STREET ADDRESS 80 ADALIA AVE.

CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE

NAME VS CASWELL, HEATHER L.

STREET ADDRESS 80 ADALIA AVE.

CITY-ST-ZIP TAMPA FL

TITLE ☒ DELETE

NAME SAG REYNOLDS, STEPHEN H.

STREET ADDRESS 215 MADISON ST.

CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

3435 BAYSHORE BLVD - #1500

TAMPA, FL 33629

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

VS

3435 BAYSHORE BLVD - #1500

TAMPA, FL 33629

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

T

STEVEN M. RORER

3821 SAN PEDRO STREET

TAMPA, FL 33629

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

✓ BARBARA A. BAUER

2223 HICKORY RIDGE DRIVE

VALRICO, FL 33594

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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

Steven M. Rorer

1/24/97 (813) 251-9419

CR2E034 (9/96)