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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 15 AM 11:26

DOCUMENT # **J16305** (1)

1. Corporation Name

OMNI COMMUNICATIONS CONSULTANTS, INC.

Principal Place of Business	Mailing Address
%BOB BUCH 3209 NO. A1A APT. 506 FT. PIERCE FL 34949	%BOB BUCH 3200 NO. A1A APT. 506 FT. PIERCE FL 34949

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/16/1986	3a. Date of Last Report: 03/08/1994
4. FEI Number: 59-2679540	☐ 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	2a. Mailing Address
21 3706 No OCEAN BLVD	26 3706 No OCEAN BLVD
Suite, Apt. #, etc: 22 #181 C/O BOB BUCH	Suite, Apt. #, etc: 27 #181 C/O BOB BUCH
City & State: 23 FT. LAUDERDALE FL	City & State: 28 FT LAUDERDALE FL
Zip: 24 33308 Country: 25 BAHAMAS	Zip: 29 33308 Country: 30 BAHAMAS

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BUCH, D. ROBERT 3200 NO A1A APT. 506 FT LAUDERDALE FL 34949	81 Name: BUCH, D. ROBERT 82 Street Address (P.O. Box Number is Not Acceptable): 3706 No OCEAN BLVD #181 83 84 City: FT LAUDERDALE FL 85 Zip Code: 33308

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 _____ (Signature, type or print name of registered agent, and title if applicable) (If 81, Registered Agent signature required when mandatory) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PD ☒ Change ☐ Addition
NAME	BUCH, D. ROBERT	12 NAME	BUCH, D. ROBERT
STREET ADDRESS	3200 NO. A1A APT. 506	13 STREET ADDRESS	3706 No OCEAN BLVD #181
CITY ST ZIP	FT. PIERCE FL 34949	14 CITY ST ZIP	FT LAUDERDALE FL 33308
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: D Robert Buch
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR

Date: 568-6618
Daytime Phone #

0382641 CP