

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # J16305 (1)

1. Corporation Name

OMNI COMMUNICATIONS CONSULTANTS, INC.



Principal Place of Business

3706 N OCEAN BLVD 181  
% BOB BUCH  
FT LAUDERDALE FL 33308  
US

Mailing Address

3706 N OCEAN BLVD 181  
% BOB BUCH  
FT LAUDERDALE FL 33308  
US

2. Principal Place of Business

2a. Mailing Address

|    |                     |    |                     |
|----|---------------------|----|---------------------|
| 21 | State, Apt. #, etc. | 26 | State, Apt. #, etc. |
| 22 | City & State        | 27 | City & State        |
| 23 | Zip                 | 28 | Zip                 |
| 24 | Country             | 29 | Country             |
| 25 |                     | 30 |                     |

g. Name and Address of Current Registered Agent

BUCH, ROBERT D  
3706 N OCEAN BLVD  
STE 181  
FT LAUDERDALE FL 33308

3. Date Incorporated or Qualified  
05/16/1986

3a. Date of Last Report  
06/16/1995

4. FCI 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

10. Name and Address of New Registered Agent

|    |                                                    |    |          |
|----|----------------------------------------------------|----|----------|
| 81 | Name                                               | 85 | Zip Code |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |    |          |
| 83 | City                                               |    |          |
| 84 | State                                              |    |          |

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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0504, Florida Statutes.

SIGNATURE BUCH, D. ROBERT X [Signature] 3/25/96

12. OFFICERS AND DIRECTORS

|                |                           |                                 |
|----------------|---------------------------|---------------------------------|
| TITLE          | PD                        | <input type="checkbox"/> DELETE |
| NAME           | BUCH, D. ROBERT           |                                 |
| STREET ADDRESS | 3706 N OCEAN BLVD STE 181 |                                 |
| CITY, ST, ZIP  | FT. PIERCE FL             |                                 |
| TITLE          |                           | <input type="checkbox"/> DELETE |
| NAME           |                           |                                 |
| STREET ADDRESS |                           |                                 |
| CITY, ST, ZIP  |                           |                                 |
| TITLE          |                           | <input type="checkbox"/> DELETE |
| NAME           |                           |                                 |
| STREET ADDRESS |                           |                                 |
| CITY, ST, ZIP  |                           |                                 |
| TITLE          |                           | <input type="checkbox"/> DELETE |
| NAME           |                           |                                 |
| STREET ADDRESS |                           |                                 |
| CITY, ST, ZIP  |                           |                                 |
| TITLE          |                           | <input type="checkbox"/> DELETE |
| NAME           |                           |                                 |
| STREET ADDRESS |                           |                                 |
| CITY, ST, ZIP  |                           |                                 |

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                           |                                                                              |
|--------------------|---------------------------|------------------------------------------------------------------------------|
| 1. TITLE           | P.D.                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME            | BUCH, D. ROBERT           |                                                                              |
| 3. STREET ADDRESS  | 3706 N OCEAN BLVD STE 181 |                                                                              |
| 4. CITY, ST, ZIP   | FT LAUDERDALE FL 33308    |                                                                              |
| 5. TITLE           |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6. NAME            |                           |                                                                              |
| 7. STREET ADDRESS  |                           |                                                                              |
| 8. CITY, ST, ZIP   |                           |                                                                              |
| 9. TITLE           |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 10. NAME           |                           |                                                                              |
| 11. STREET ADDRESS |                           |                                                                              |
| 12. CITY, ST, ZIP  |                           |                                                                              |
| 13. TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 14. NAME           |                           |                                                                              |
| 15. STREET ADDRESS |                           |                                                                              |
| 16. CITY, ST, ZIP  |                           |                                                                              |
| 17. TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 18. NAME           |                           |                                                                              |
| 19. STREET ADDRESS |                           |                                                                              |
| 20. CITY, ST, ZIP  |                           |                                                                              |

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 sole owner or authorized employee to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13. I changed or deleted all information with a "X".

SIGNATURE: D. ROBERT BUCH X [Signature] 3/25/96 941-627-0274

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)