SECOND NO	OTICE: CORPORATION WILL BE D N OR BEFORE 8/7/96: \$225 (IF DISSOL	ISSOLVED ON OR AFTER AUG VED, MINIMUM AMOUNT DUE TO	GUST 7, 1996. Preinstate: \$375.)		
PF	ROFIT	FLORIDA DEPARTMI			
	ORATION	Sandra B M			
	AL REPORT	Secretary of DIVISION OF COF			
1	996		- CONTIONS	_	
DOCUM 1. Corporation 5	IENT # J70580	(2)			
O'MAIN	IIN ENTERPRISES, INC.			A 190 OFFICE ALLER FRANK GRADE BANK (\$\$(1)) CO.	IR BERNA BARNA BABAN BARNA BARNA BARNA 1881
Principal Place	of Business	Mailing Address		f ideitid Belt seder barbt frem soner as.	(f Biffi) diffii didii gidii gidii didii didii
1916 6 AVE. W		3605 RIVERVIEW BLVD			
BRADENTON FL 34205		3605 RIVERVIEW BLVD. BRADENTON FL 34205		3. Date Incorporated or Qualified	3a. Date of Last Report
US		US		04/27/1987	05/16/1995
2. Principal Pla	ce of Business	2a. Maiting Address		4. FEI Number	Applied For
21		26		59-2810378	Not Applicable \$8.75 Additional
Suite, Apt #	, etc	Suite. Apt #, etc.		5. Certificate of Status Desired	Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Z ip	Country	28 Zip	Country	8. This corporation has liability for	intangible tax under s. 199 032.
24	25	29 30	0	Florida Statutes 10. Name and Address of New Re	Yes X No
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Ne	gistered Agont
11. Pursuant t	a the provisions of Sections 607.0502	and 607 1508, Florida Statutes,	84 City the above named corporated by the corporate	poration submits this statement for the pion's board of directors. Thereby accept	FL 85 Zip Code ourpiose of changing its registered at the appointment as registered
office or re agent Lar	egistered agent, or both, in the State on In familiar with, and accept the obligat	ions of, Section 607,0505, Florid	ta Statules	, ,	
SIGNATURE	Signature, typed or proted name of registered agen	t and the diapplicable (NOTE	Registered Agent signalure requ	ared when reinstating)	(AT)
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12 Change Addition
TITLE	P	[] DELELE	1 1 TITLE 1 2 NAME		
NAME STREET ADDRESS	MANNING, MICHELLE G. 3805 BIVERVIEW BLVD.		1 3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL		1.4 City - ST - ZIP		
TITLE	V	DEFETE	2 1 TITLE		Change Addition
NAME	MANNING, DAVID R.		2 ? NAME		
STREET ADDRESS	3605 RIVERVIEW BLVD W.		2.3 STREET ADDRESS 2.4 City-St-Zip		
CITY · ST - ZIP TITLE	BRADENTON FL	DELETE	31 HTLE		Change Addition
NAME		—	3 2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	3.4 CITY-ST-ZIP 4.1 THILE		Change Addition
TITLE		☐ DETERE	4.1 THLE 4.2 NAME		
NAME CIDEET ADDRESS			4.3 STREET ADDRESS		
STREET ADDRESS CITY+ST-7IP			4.4 CiTY - ST - 7iP		
TITLE		DELETE	5 1 11TLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZiP		DELETE	5 4 CITY - ST - ZIP 6 1 TITLE		Change Addition
NAME			62 NAME		
CADELL ADDDESS	1		6 3 STREET ADDRESS		

STREET ADDRESS

City-S1-ZiP

14. 1 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)(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 shat 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 617. Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE:

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.