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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **J87921**

1. Corporation Name

OMNI INVESTMENTS INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90127 018 ***150.00



2065 CANTU COURT 2065 CANTU COURT									
SARASOTA FL	34232	SARASOTA FL 34232				DO NOT WRI	TE IN THIS	SPACE	
						3. Date Incorporated or Qualifed			
						08/14/1987			Ì
2 Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		Ac	plied For
— ·	ace of Business	<u>├-</u> ¬	26			36-3521142			ot Applicable
Suite, Apt. a	H etc	_+ <u></u>	Suite, Apt. #, etc.					\$8.75	Additional
		27				5. Certifcate of Status Desired		Fee Re	
City & State			City & State			6. Election Campaign Financing		\$5.00	May Be
-, '		28				Trust Fund Contribution		Added	
23	Country	Zip	Country	v		8. This corporation owes the curr	ent vear Inta	naible	
24	25	29 3	_ `	•		Personal Property Tax. ☐ Yes ☐ No			□No
9. Name and Address of Current Registered Agent				_		10. Name and Address of New F	Registered A	gent	
			81	1 1	Name				
SAWYER JR., DANFORD L.				. _					
2065 CANTU COURT			82	82 Street Address (P.O. Box Number is Not Acceptable			ible)		
SARA	ASOTA FL 34232		83	3					
			[_						
			84	4 (City		FI	85 Zip (Code
	007.050	O - 4 COZ 4500 Flamba Chaketon	the ober		namad sama	ration cultimite this statement for the		hanging its	registered
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							DATE		
	Signature, typed or printed name of registered ager		egistered Age	ent Bi	ignature required	ADDITIONS/CHANGES TO OF		D DIRECTO)RS IN 12
12.		D DELETE	1.1 TITLE			ADDITIONS/CHANGES TO OF	FICEIO AIN	Change	Addition
TITLE	PD DANIEODD I	Detere	1		ĺ				
NAME	SAWYER, DANFORD L.		1.2 NAME						,
STREET ADDRESS	2065 CANTA CT.		1.3 STREE						
CITY-ST-ZIP	SARASOTA FL.		1.4 CITY-	_	ZIP			Change	Addition
TITLE			2.1 TITLE					□ onange	C Addition
NAME	SAWYER, RUTHANNE		2.2 NAME		Ì				Ì
STREET ADDRESS	2065 CANTU CT.		2.3 STREE	.3 STREET ADDRESS					Ļ
CITY-ST-ZIP	SARASOTA FL		2. 4 CITY-ST-ZIP		ZIP	····	·		
TITLE	VD □ DELETE 3.1		3.1 TITLE		- 1			Change	☐ Addition
NAME	HARTLEY, MICHEAL		3.2 NAME	:	1				ļ
STREET ADDRESS	2065 CANTU CT.		3.3 STREE	3.3 STREET ADDRESS		•			}
CITY-ST-ZIP	SARASOTA FL 3.4.		3.4. CITY-	ST-Z	ZIP				
TITLE	D	☐ DELETE	4.1 TITLE					☐ Change	Addition
NAME)	JOE, LOUINGOOD		4. 2 NAME	E	}				j
STREET ADDRESS	2065 CANTU CT.		4.3 STREE	ET AL	DORESS				
CITY-ST-ZIP	SARASOTA FL		4.4 CITY-	ST-Z	ZLP]				
TITLE	D	☐ DELETE	5.1 TITLE		-+-			☐ Change	Addition
NAME	VICTOR, VAILE		5.2 NAME	Ē	1				}
STREET ADDRESS	2065 CANTU CT.		5.3 STREE	ET AL	DDRESS				
1	SARASOTA FL		5.4 CITY-		1				
CITY-ST-ZIP	ONINOUIN I L	□ DELETE	6.1 TITLE					Change	Addition
***			6.2 NAME					- •	_
NAME			6.3 STREE		DOBESS !				
STREET ADDRESS			0.3 STREE	LIAL م					Ì

14. 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 suppliemental 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 a attachment with an address, with all other like empowered.

SIGNATURE: