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FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90213 034 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L34666			
1. Corporation Name OMNI AVIATION, INC.			
Principal Place of Business 4500 140TH AVE. N. SUITE 207 CLEARWATER FL 34622 US		Mailing Address 405 LAKEVIEW CT STAFFORD VA 22554 US	
2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip Country		2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip Country	
24. Zip Country		29. Zip Country	
3. Date Incorporated or Qualified 12/07/1989			
4. FEI Number 59-2978067		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 owes the current year intangible Personal Property Tax. ☐ Yes ☐ No			
9. Name and Address of Current Registered Agent O'LEARY, JOHN J., III 13000 EGRET BLVD., #204 CLEARWATER FL 34622			
10. Name and Address of New Registered Agent 81. Name Mr. Ronald Bryant, CPA 82. Street Address (P.O. Box Number is Not Acceptable) 11839 San Jose Blvd 83. City Jacksonville FL 84. Zip Code 32223			
11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 Ronald J Bryant, CPA DATE 6/21/99			
12. OFFICERS AND DIRECTORS			
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			
2.1 TITLE ☐ Change ☐ Addition			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE ☐ Change ☐ Addition			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE ☐ Change ☐ Addition			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE ☐ Change ☐ Addition			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE ☐ Change ☐ Addition			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4/16/99

202-267-1336

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (1/98)