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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # L56883

1. Corporation Name

AMERICAN OMNI TRADING COMPANY

Principal Place of Business	Mailing Address
%DAVID C. LEVENREICH 1230 S.MYRTLE AVE #206 CLEARWATER, FL 34616	%DAVID C. LEVENREICH 1230 S.MYRTLE AVE #206 CLEARWATER, FL 34616

3. Date Incorporated or Qualified: 3/8/1990
3a. Date of Last Report: 3/25/95

2. Principal Place of Business
21
Suite Apt # etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 406 S. Prospect Ave
Suite Apt # etc
27
City & State
28 Clearwater
Zip 29 34616 Country 30

4. FEI Number: 58-1887081
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 Taxes Pursuant to Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LEVENREICH, DAVID C.
1230 S. MYRTLE AVE.
SUITE 206
CLEARWATER, FL 34616

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 406 S. Prospect Ave
83
84 City Clearwater FL 85 Zip Code 34616

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
TITLE	D	☐ DELETE	11 TITLE ☐ Change ☐ Addition
NAME	BRACKIN,TOM		12 NAME
STREET ADDRESS	3200 WILCREST #415		13 STREET ADDRESS
CITY-ST-ZIP	HOUSTON TX		14 CITY-ST-ZIP 800001915708 -08/08/96--01004--002
TITLE	VP	☐ DELETE	21 TITLE ☐ Change ☐ Addition
NAME	DUNLAP,MIKE		22 NAME ****225.00 ****225.00
STREET ADDRESS	EUREKA EXTENDED		23 STREET ADDRESS
CITY-ST-ZIP	BATESVILLE MS		24 CITY-ST-ZIP
TITLE	T	☐ DELETE	31 TITLE ☐ Change ☐ Addition
NAME	GRAY,BUDDY		32 NAME
STREET ADDRESS	EUREKA EXTENDED		33 STREET ADDRESS
CITY-ST-ZIP	BATESVILLE MS		34 CITY-ST-ZIP
TITLE	S	☐ DELETE	41 TITLE ☐ Change ☐ Addition
NAME	LOVELACE,DEWITT		42 NAME
STREET ADDRESS	EUREKA EXTENDED		43 STREET ADDRESS
CITY-ST-ZIP	BATESVILLE MS		44 CITY-ST-ZIP
TITLE		☐ DELETE	51 TITLE ☐ Change ☐ Addition
NAME			52 NAME
STREET ADDRESS			53 STREET ADDRESS
CITY-ST-ZIP			54 CITY-ST-ZIP
TITLE		☐ DELETE	61 TITLE ☐ Change ☐ Addition
NAME			62 NAME
STREET ADDRESS			63 STREET ADDRESS
CITY-ST-ZIP			64 CITY-ST-ZIP

CR2E034 (12/95)

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 added or on an attachment with an address.

SIGNATURE: TOM BRACKIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

713/785-2700

Change of address per Kathy Bracken on 8/16/96