

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 11:02

DOCUMENT # **L81468** (5)

1. Corporation Name

THE OMNI PARTNERS, INC.

2. Principal Office Address

8211 W. BROWARD BLVD
SUITE 350
PLANTATION FL 33324

3. Mailing Address

P.O. BOX 16576
PLANTATION FL 33318

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation

06/15/1990

3a. Date of Last Report

09/07/1994

4. FID Number

65-0214176

Applied Fee

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Does the corporation intend to

Test Fund Contribution

☐

\$5.00 May Be Added to Fees

8. Does corporation have liability for intangible tax under § 199.032, Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ALAN DUBROW
2840 UNIVERSITY DR
CORAL SPRINGS FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 199.031 and 199.032, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in this 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 607.0508, Florida Statutes.

SIGNATURE:

(Signature of Registered Agent)

(Signature of Secretary of State)

(Signature of Corporation)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME
ST
COHEN, MEREDITH
8424 NW 78 CT
TAMARAC FL

2. NAME
P
COHEN, MARVIN A.
8424 NW 78TH CT.
TAMARAC FL

3. NAME
Vice President/Director
Marcia Delano
8482 N.W. 78th Court
Tamarac, FL 33321

4. NAME
Vice President/Director
MARTIN Hendrick
8000 NE 20th Avenue
Ft. Lauderdale, FL 33305

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY, ST, ZIP

9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY, ST, ZIP

13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY, ST, ZIP

17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY, ST, ZIP

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied with this report is true and correct and that I am duly qualified to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1 of the report. I further certify that the information and effect on this report is true and correct and that I am duly qualified to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1 of the report. I further certify that the information and effect on this report is true and correct and that I am duly qualified to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1 of the report.

SIGNATURE:

(Signature of Marvin A. Cohen)
Marvin A. Cohen
2/16/95

305/248-9800

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