

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

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90185 036 \*\*\*158.75

DOCUMENT # **L81468**

1. Corporation Name

**THE OMNI PARTNERS, INC.**



Principal Place of Business

**7770 W. OAKLAND PARK BLVD.  
SUITE 350  
FT. LAUDERDALE FL 33351  
US**

Mailing Address

**7770 W. OAKLAND PARK BLVD  
SUITE 350  
FT. LAUDERDALE FL 33351  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/15/1990**

4. FEI Number

**65-0214176**

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

**ALAN DUBROW  
2840 UNIVERSITY DR  
CORAL SPRINGS FL 33324**

10. Name and Address of New Registered Agent

81. Name

**Laura Zebersky**

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

**8751 West Broward Blvd.**

83.

**Suite 408**

84. City

**Plantation, FL**

**FL**

85. Zip Code

**33324**

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

*[Signature]*  
Signature of Agent or Director, if applicable.

(NOTE: Registered Agent signature required when reinstating)

**2/13/99**

12. OFFICERS AND DIRECTORS

TITLE **ST** ☐ DELETE  
NAME **COHEN, MEREDITH**  
STREET ADDRESS **8424 NW 78 CT**  
CITY-ST-ZIP **TAMARAC FL**

TITLE **P** ☐ DELETE  
NAME **COHEN, MARVIN A.**  
STREET ADDRESS **8424 NW 78TH CT.**  
CITY-ST-ZIP **TAMARAC FL**

TITLE **VPD** ☒ DELETE  
NAME **DELANO, MARCIA**  
STREET ADDRESS **8482 NW 78 COURT**  
CITY-ST-ZIP **TAMARAC FL**

TITLE **VPD** ☐ DELETE  
NAME **HENDRICK, MARTIN**  
STREET ADDRESS **2000 NE 20 AVE**  
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS **256A Bay Pointe Drive**  
1.4 CITY-ST-ZIP **Weston, FL**

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 **1313 NE 3rd Street**  
4.4 CITY-ST-ZIP **Ft. Lauderdale, FL 33301**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/29/99**

Date

Daytime Phone #

CR2E034 (1/98)