FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED
AND
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95 MAY 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

DOCUMENT # M40935 (2)

1. GRAFTON ARCHITECTS, INC.

69 S.W. 11TH STREET MIAMI FL 33130	69 S.W. 11TH STREET MIAMI FL 33130

(Only if Will Be This Year)

3. Date of Last Report: 10/30/1986
3a. Date of Last Report: 02/28/1994

4. FEI Number: 59-2754849
Applied For
Not Applicable

5. Certificate of Status (Optional) $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution $5.00 May Be Added to Fees

7. Does corporation own land, as designated in section 5, 1991 Florida Statutes? Yes No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GRAFTON, THORN 69 S.W. 11TH STREET MIAMI FL 33130	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 section 607.1007, 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. The corporation is authorized to do business in Florida and the registered agent and the registered office are identical to those in actual use by the corporation as such on the date hereof. The corporation is aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, Florida Statutes.

SIGNATURE

12. OFFICER AND DIRECTOR		13. ADDITIONS, CHANGES TO OFFICER AND DIRECTOR
TYPE	PD	Change Addition
NAME	GRAFTON, THORN	
STREET ADDRESS	69 SW 11 ST	
CITY-ST-ZIP	MIAMI FL	
TYPE	VD	Change Addition
NAME	GRAFTON, WARD	
STREET ADDRESS	69 SW 11 ST.	
CITY-ST-ZIP	MIAMI FL	
TYPE	TSD	Change Addition
NAME	GRAFTON, PATRICIA	
STREET ADDRESS	69 S.W. 11TH ST.	
CITY-ST-ZIP	MIAMI FL	
TYPE		Change Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TYPE		Change Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TYPE		Change Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemptions stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 1 or Block 13 if changed or added to this report.

SIGNATURE: Thorn Grafton President 5/3/95 305 358-3836

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0126537 CP

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1995

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

APPROVED AND FILED

95 ... 10:25

TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # M44067 (0)

1. Corporation Name
OMNI INVESTMENT CONSULTANTS, INC.

Principal Place of Business
19091 TAMIAMI TRAIL S.E.
FT. MYERS FL 33908
US

Mailing Address
C/O PAUL H. FREEMAN
19091 TAMIAMI TRAIL S.E.
FT. MYERS FL 33908
US

3. Date Incorporated or Qualified: 01/01/1987
3a. Date of Last Report: 04/06/1994
4. FEI Number: 59-2778613 — Applied For / Not Applicable

2. Principal Place of Business — 21 / Suite, Apt. #, etc. 22 / City & State 23 / Zip 24 / Country 25
2a. Mailing Address — 26 / Suite, Apt. #, etc. 27 / City & State 28 / Zip 29 / Country 30

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 tax under S. 199.032 Florida Statutes [X] Yes [ ] No

9. Name and Address of Current Registered Agent

FREEMAN, PAUL H.
9100 S. DADELAND BLVD.
S-1406
MIAMI FL 33156

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 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

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FREEMAN, ALAN C.
STREET ADDRESS	19091 TAMIAMI TRAIL, SE
CITY-ST-ZIP	FT. MYERS FL
TITLE	ST
NAME	FREEMAN, PAUL H.
STREET ADDRESS	9100 S. DADELAND BLVD.
CITY-ST-ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE		[X] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	33908	
TITLE		[X] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	33156	
TITLE		[ ] Change [ ] Addition
TITLE		[ ] Change [ ] Addition
TITLE		[ ] Change [ ] Addition
TITLE		[ ] Change [ ] Addition

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 on an attachment with an address.

SIGNATURE: a. C. [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ALAN C. FREEMAN

Date: 5/4/95

0322080 CP