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Apr 01 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

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 33908-4705
US

3. Date Incorporated or Qualified
01/01/1987

3a. Date of Last Report
07/11/1996

4. FEI Number
59-2778613

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 tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

25 Country

29 Country

30 Country

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

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|-----------------------------------|------------------|---|-----------------|
| TITLE | NAME | 1.1 TITLE | 1.2 NAME |
| PD | FREEMAN, ALAN C. | | |
| 19091 TAMiami TRAIL, SE | | 1.3 STREET ADDRESS | |
| FT. MYERS FL | | 1.4 CITY-ST-ZIP | |
| ST | FREEMAN, PAUL H. | 2.1 TITLE | 2.2 NAME |
| 9100 SO DADELAND BLVD, SUITE 1406 | | 2.3 STREET ADDRESS | 2.4 CITY-ST-ZIP |
| MIAMI FL | | 3.1 TITLE | 3.2 NAME |
| | | 3.3 STREET ADDRESS | 3.4 CITY-ST-ZIP |
| | | 4.1 TITLE | 4.2 NAME |
| | | 4.3 STREET ADDRESS | 4.4 CITY-ST-ZIP |
| | | 5.1 TITLE | 5.2 NAME |
| | | 5.3 STREET ADDRESS | 5.4 CITY-ST-ZIP |
| | | 6.1 TITLE | 6.2 NAME |
| | | 6.3 STREET ADDRESS | 6.4 CITY-ST-ZIP |

14. I do 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.

SIGNATURE: _____ DATE: 3/24/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)