

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M55103 (9)

1. Corporation Name

OMNI MORTGAGE COMPANY, INC.



Principal Place of Business

Mailing Address

230 174 ST.
STE 1009
N. MIAMI BEACH FL 33160
US

P. O. BOX 601335
N. MIAMI BEACH FL 33160
US

3. Date Incorporated or Qualified
07/07/1987

3a. Date of Last Report
08/16/1995

2. Principal Place of Business

2a. Mailing Address

21 2450 N.E. MIAMI GARDENS
Suite, Apt. #, etc. DR.

26 Suite, Apt. #, etc.

22 SUITE 102
City & State

27 City & State

23 AVENTURA FL

28 City & State

24 Zip 33180 Country U.S.

29 Zip Country 30

4. FEI Number
59-2822370

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. 190.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NADLER, SAMUEL
230 174 ST.
SUITE 1009
N. MIAMI BEACH FL 33160

81 Name NADLER SAMUEL
82 Street Address (P.O. Box Number is Not Acceptable)
2450 N.E. MIAMI GARDENS DR #102
83
84 City AVENTURA FL 85 Zip Code 33180

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

Samuel Nadler
Signature, typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent's signature required when resigning)

7/31/96
Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME NADLER, SAMUEL L
STREET ADDRESS 230 174 ST. #1009
CITY-ST-ZIP NORTH MIAMI BEACH FL 33160

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

11 TITLE
12 NAME NADLER, SAMUEL L
13 STREET ADDRESS 2450 N.E. MIAMI GARDENS DR #102
14 CITY-ST-ZIP AVENTURA, FL 33180

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Samuel Nadler
SAMUEL NADLER

7/31/96
Date

(305) 692-9041
Daytime Phone

CR2E034 (3/96)