

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 15 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998

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



DOCUMENT # M83209 (0)  
1. Corporation Name  
OMM, INC.

Principal Place of Business  
C/O MARC A. OSHEROFF  
12280 NE 14TH AVE.  
N. MIAMI FL 33161

Mailing Address  
C/O MARC A. OSHEROFF  
12280 NE 14TH AVE.  
N. MIAMI FL 33161



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 16400 N.W. 2nd Ave Suite, Apt. #, etc. 22 Suite # 203 City & State 23 MIAMI, FLORIDA Zip 24 33169		2a. Mailing Address 26 16400 N.W. 2nd Ave. Suite, Apt. #, etc. 27 Suite # 203 City & State 28 MIAMI, FLORIDA Zip 29 33169		3. Date Incorporated or Qualified 05/31/1988	
				4. FEI Number 65-0064666	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent OSHEROFF, MARC A 12280 NE 14TH AVE SUITE 1000 N MIAMI FL 33161-3521		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 16400 N.W. 2nd Ave. 83 Suite # 203 84 City MIAMI FL 85 Zip Code 33169	
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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 *Marc A. Osheroff* Marc A. OSHEROFF President DATE 4/12/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OSHEROFF, MARC A. 12280 NE 14TH AVE. N MIAMI FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 16400 N.W. 2nd Ave Suite # 203 MIAMI, FLORIDA 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MITCHELL ROBERT S., JR. 12280 NE 14TH AVE. N. MIAMI FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 16400 N.W. 2nd Ave Suite # 203 MIAMI, FLORIDA 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE *Marc A. Osheroff* Marc A. OSHEROFF President

CR2E034 (10/97)