

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90501 001 ***300.00

DOCUMENT # M97481

1. Entity Name
OMM ASSOCIATES, INC.



Principal Place of Business
**C/O KONOVER & ASSOCIATES SOUTH, INC.
7000 W. PALMETTO PARK ROAD, STE. #408
BOCA RATON, FL 33433**

Mailing Address
**C/O KONOVER & ASSOCIATES SOUTH, INC.
7000 W. PALMETTO PARK ROAD, STE. #408
BOCA RATON, FL 33433**

00413001



2. Principal Place of Business
7000 West Palmetto Park Road

3. Mailing Address
7000 West Palmetto Park Road

Suite, Apt. #, etc.
Suite 203

Suite, Apt. #, etc.
Suite 203

01072004 Chg-P CR2E034 (10/03)

City & State
Boca Raton, FL 33

City & State
Boca Raton, FL

4. FEI Number
13-3486179

Applied For
Not Applicable

Zip
33433

Country

Zip
33433

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD KONOVER, SIMON 7000 W PALMETTO PARK RD SUITE 408 BOCA RATON, FL 33433	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPV ASHENFELTER, MARIA 7000 W. PALMETTO PARK RD., STE. #408 BOCA RATON, FL 33433	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS JANIAK, SUSAN A 342 N. MAIN ST., STE. #200 WEST HARTFORD, CT 06107	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MIRRIONE, KRISTEN 7000 W. PALMETTO PARK RD., STE. #408 BOCA RATON, FL 33433	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPPV COMBS, GREGORY V 7000 W. PALMETTO PARK RD., STE. #408 BOCA RATON, FL 33433	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COPPA, ROBERT 7000 WEST PALMETTO PARK ROAD, STE 408 BOCA RATON, FL 33433	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7000 West Palmetto Park Road, Suite 203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Senior Vice President, Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7000 West Palmetto Park Road, Suite 203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director, Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Jonathan P. Rosen 40 E 69 St. New York, NY 10021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 7000 West Palmetto Park Road, Suite 203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive Vice President, COO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7000 West Palmetto Park Road, Suite 203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7000 West Palmetto Park Road, Suite 203

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Gregory V. Combs

**Gregory V. Combs
Executive VP, COO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #