## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

SIGNATURE: \_\_

N94000003202 (8)

DOCUMENT #	N94000003202				
•	OMINIUM ASSOCIATION, INC.				

			<del></del>			<u> </u>	<u>                                   </u>	(  00310    NB  706	
Principal Place	of Business	Mailing Address							
1101 NO. CON	IGRESS AVENUE STE. 200	1101 NO. CON BOYNTON BEA		STE. 2	200				
BOTHTON BEA	NOTI TE SOFEO	3011110111011				3. Date Incorporated or Qualified 06/23/1994	3a. Date of Last 05/01/1	Report 1 <b>995</b>	
2. Principal Pla	ice of Business	2a. Mailing Addr	ess			4. FEI Number		Applied For	
1		26				65-0510327		Not Applicable	
Suite, Apt. #	t, etc.	Suite, Apt. #	etc.			5. Certificate of Status Desired		5 Additional Required	
2		27 City 9 Chate				C. Flanting Comparing Financing			
City & State		28	City & State I			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zio	Country	Zip		Country		This corporation has liability for ir			
24	25	29	30			Florida Statutes	Yes No		
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Re	egistered Agent		
				81	Name				
STEWAR	t, dennis esq.			82	Street Add	ress (P.O. Box Number is Not Acceptable	e)		
630 SO.	STATE ROAD 7			 	ļ				
MARGAT	E FL 33068			83					
				84	City		FL 85 2	ip Code	
			. 5/			ration authorite this statement for the pur	oose of changing its	registered office	
or register.	ad agent, or both, in the State of Ek	orida. Such change was	authorized by	the corp	named corpo poration's boa	ration submits this statement for the purpird of directors. Thereby accept the appo	pintment as registere	d agent. I am	
familiar wit	th, and accept the obligations of, Se	ection 617.0503, Florida	Statutes.						
SIGNATURE	Signature, typed or printed name of registered ag	and the Level of the	(NOTE: Box	etered Age	er signature require	ed when reinstaling)	DATE		
12.		AND DIRECTORS	(401E 1kg	13.	, n ogrador requi	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECT	ORS IN 12	
TITLE	PD	□ D£	LETE	1.1 DTLE			☐ Change	Addition	
NAME	CARNEY, THOMAS			12 NAME	ı				
STREET ADDRESS	1101 NO. CONGRESS AVE	NUE STE. 200	ŀ	1.3 STREE	1 ADDRESS				
CITY-ST-ZIP	BOYNTON BEACH FL			1.4 CITY	ST-ZIP			["] saddan	
TITLE	STD	□ DE	LETE	2 1 TITLE			☐ Change	e	
NAMÉ	EATON, THOMAS			2 2 NAME					
STREET ADDRESS	1101 NO. CONGRESS AVE	NUE STE. 200			T ADDRESS				
CITY-ST-ZIP	BOYNTON BEACH FL		C. F.T.	2 4 CITY			Change	a Addition	
TITLE	VD		LEIE	3 1 TITLE			Onlings	7.50	
NAME	CECIL, ANTHONY	AHUT OTE AAA		3 2 NAME					
STREET ADORESS	1101 NO. CONGRESS AVE	NUE SIE. 200			ET ADDRESS				
CITY - ST - ZIP	BOYNTON BEACH FL		ELETE	3 4. CITY 4 1 THILE			Change	e Addition	
TITLE	DVP Carney, Peter H	Шμ	CCCIL	4 2 NAM	Į.			•	
NAME OXBOS ADDRESS	1101 N CONGRESS AVE S	SUITE 200			ET ADDRESS				
STREET ADDRESS	BOYNTON BEACH FL	TOTAL TOO	i	4.4 CITY					
CITY-ST-ZIP TITLE	DOTITION DENOTITE	<b>□</b> 0	ÉLETE	5 1 TITLE			Chang	e 🔲 Addition	
NAME	1			52 NAMI	ì				
STREET ADDRESS					ET ADORESS				
CITY-ST-ZIP				5 4 CITY	- ST - 21P				
TITLE		D	ELETE	6.1 TITLE			Chang	e 🔲 Addition	
NAME				62 NAM	E				
STREET ADDRESS				6.3 STRE	ET ADDRESS				
				6.4 CITY	-ST-ZIP		07/01/12 51 51 51		
14. I do here	by certify that the information suppli	ed with this filing is volu	intarily furnished	and do	oes not qualify	for the exemption stated in Section 119 trate and that my signature shall have the	i.uz(3)(k), Florida Sta e same legal effect a	.tutes. Fruntner .s if made under	
onthi tha	at the information indicated on trils a at I am an officer or director of the co in Block 12 or Block 13 if a langed,	ernoration or the receive	ar or trustee em	powere	d to execute t	this report as required by Chapter 617, F	lorida Statutes; and	that my name	