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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998

STREET ADDRESS CITY-ST-ZIP

Block 12 or Block 13



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P92000012179 (7)

OMNI CIRCUIT SUPPLY, INC.

Principal Place of Business Mailing Address 3401 HEARTWOOD LANE 3401 HEARTWOOD LANE MELBOURNE FL 32934 MELBOURNE FL 32934 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>12/14/1992</u> 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable 26 59-3162044 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zio Country Zin Country 8. This corporation owes or has paid the current year Intangible 24 29 Personal Property Tax due June 30. ☐ No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent **BELL, FRANK J** 3401 HEARTWOOD LANE Street Address (P.O. Box Number is Not Acceptable) 82 **MELBOURNE FL 32934 B3** 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statules, 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** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change Addition NAME **BELL, FRANK J** 1.2 NAME 3401 HEARTWOOD LANE STREET ADDRESS 1.3 STREET ADDRESS MELBOURNE FL 32934 CITY-ST-ZIP 1.4 CITY-ST-ZIP Change DELETE ☐ Addition TITLE 2.1 TITLE BELL, MARIA L 2.2 NAME 3401 HEARTWOOD LANE STREET ADDRESS 2.3 STREET ADDRESS MELBOURNE FL 32934 CITY-ST-ZIP 2.4 CITY - ST - ZIF DELETE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST- ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 City-St-7iP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME

6.4 City-St-ZiP

14. Thereby 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 receiper or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 it always of the corporation of the corporation of the corporation of the corporation of the receiper or trustee of the corporation of the corporation of the corporation of the receiper or trustee of the corporation of the corporation of the receiper or trustee of the corporation of the corporation of the corporation of the receiper of the corporation of the receiper of the corporation of the receiper of the corporation of the corporation of the corporation of the receiper of the receiper of the corporation of the receiper of the re

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May 04 1998 8:00am

Secretary of State