

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000000029 (7)

1. Corporation Name
OMNIAFAX, INC.

Principal Place of Business
**601 SOUTH BOULEVARD-2ND FLOOR
TAMPA FL 33606-2677**

Mailing Address
**601 SOUTH BOULEVARD-2ND FLOOR
TAMPA FL 33606-2677**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/31/1992** 3a. Date of Last Report **05/06/1994**

4. FEI Number **65-0379746** 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. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 601 SOUTH BOULEVARD - 1ST FLOOR
Suite, Apt. #, etc.

2a. Mailing Address
26 601 SOUTH BOULEVARD - 1ST FLOOR
Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

**BOGGS, DAVID M
111 MADISON STREET
MIAMI FL 33802**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **TAMPA** FL 85 Zip Code

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

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

(NOTE: Registered Agent Signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD**
NAME **CASWELL, JOHN B**
STREET ADDRESS **601 SOUTH BOULEVARD-2ND FLOOR**
CITY - ST - ZIP **TAMPA FL 33606-2677**

TITLE **VSD**
NAME **CASWELL, HEATHER L**
STREET ADDRESS **601 SOUTH BOULEVARD-2ND FLOOR**
CITY - ST - ZIP **TAMPA FL 33606-2677**

TITLE **TD**
NAME **RORRER, STEVEN M**
STREET ADDRESS **601 SOUTH BOULEVARD-2ND FLOOR**
CITY - ST - ZIP **TAMPA FL 33606-2677**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 110.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Steven M. Rorrer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-95

(813) 254-9449

STEVEN M. RORRER / TREASURER