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**PROFIT CORPORATION** ANNUAL REPORT

1999

1. Corporation Name



DOCUMENT # P9300000029

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90026 008 \*\*\*600.00

OMNIAF	AX, INC.				
					8.811.1 <b>  1</b> .811.1   <b>3.6</b> 11.1   6.811.1   6.811.1   6.811.2   6.811.2   6.811.2   6.811.2   6.811.2   6.811.2
Principal Plac	e of Business	Maiting Address			
601 SOUTH BL	VD.	601 SOUTH BLVD.			
1ST FLOOR	oo oo aa	1ST FLOOR		DO NOT WE	RITE IN THIS SPACE
TAMPA FL 336 US	U6-26//	TAMPA FL 33606-2677 US		3. Date ir corporated or Qualife	
00		00		12/31/1992	\
2 Principal F	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21	lade of Eddinoss	26		65-0379746	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Recuired
City & S a	le .	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the cu	rrent year Intangible
24	25	29	30	Personal Property Tax.	☐ Yes ☐ No
	9. Name and Add ess of Curren	t Registered Agent		10. Name and Address of New	Registered Agent
50			81 Name A	RER STEVE	N M
BOGGS, DAVID M			82 Street Add		
111 MADISON STREET			38 2	tress (P.O. Box Number is Not Acce SAN PEDIO	S <i>t</i> ,
TAMPA FL 33602			83		
			84 City		85 Zip Code
			TAMI	'A	FL 33629
11. Pursuant	to the provisions of Sections 607.050, registered agent, or both, in the State	2 and 607.1508, Florida Statute	s, the above-named cor	poration submits this statement for the	e purpose of changing its registered
agent. a	registered agent, or born, in the State of the obligation of the o	tions of, Section 607.0505, Flori	da Statutes	don's board of Circulors, Thorough acc	ope in o appointment to regions
SIGNATURE					
	Signature, typed or printed name of registered agen		Registered Agent signature require		OFFICERS AND DIRECTORS IN 12
12.		t DIRECTORS  ☐ DELETE	13.		Change Addition
TITLE	CASWELL, JOHN B -OX	□ bereit	1.1 IIILE	D 3435 BAYSHORE AMPA, FL 336 D	2 15 h 1500
NAME	AND COURT POUR EVADO OND	CI OOD	12 NAME	2435 BAYSHOKE	BLVD., #1300
STREET ADDRE 39	TAMPA FL 33606-2677	<del>FLUU</del> N	1.3 STREET ADDRESS	AMA PA EL 336-	9
CITY-ST-ZIP		DELETE	1.4 CITY-ST-ZIP	114/11/1200	Change Addition
TITLE	CACAMELL LIFATINED I		2.1 TITLE	435 BAYSHORE	Prince H. Fa-
NAME	CASWELL, HEATHER L	ri oon	2.2 NAME	1435 BAYSAUTE 1	13 00
STREET ADDRE 35	1	<del>recon-</del>	- I	AMPA, FL 336	29
CITY-ST-ZIP	TAMPA FL 33606 2677	□ DELETE	2.4 CITY-ST-ZIP	HIMF, 1 = 336	Change
TITLE	DODDED STEVEN M			Γ .	/ \
NAME	RORRER, STEVEN M 601 SOUTH BOULEVARD 2ND	CI OOD	33 STREET ADDRESS	821 SAN PED	RO ST.
STREET ADDRE 35		TEOUN		AmpA F1 326.	9
CITY-ST-ZIP	TAMPA FL 33886-2677	DELETE	3.4. CITY- ST- ZIP 4.1 TITLE	HF1111, 1 6 336	Change Addition
TITLE			4.2 NAME	PALLER BARBAR	$A A = \mathcal{A}$
NAME			4.3 STREET ADDRESS	22 2 H TC KORV	RIDGE DRIVE
STREET ADDRESS				AL RECORD	33594 .
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	ALVERO, IL	Change Addition
TITLE			5.2 NAME	RCHARD JAMES 1320 CARROLLW	A A. Change Addition  RIDGE DRIVE  33594  A. Change Addition
NAME STREET ADDRESS			5.3 STREET ADDRESS (	1220 CARROLLW	OOD VILLAGE DR.
STREET ADDRESS	4				
CITY-ST-ZIP				AMVA F1 32/21	i
		☐ DELETE	54 CITY-ST-ZIP —	AMPA, FL 3362	Change Addition
TITLE		☐ DELETE	54 CITY-ST-ZIP	AMYA, FL 3362	/
		☐ DELETE	5.4 CITY-ST-ZIP ————————————————————————————————————	AMYA, FL 3362	/

64 CITY-ST-ZIP

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 recuired 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, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

LRE AND TYPED OR I RINGED NAME OF SIGNING OFFICEI: OR DIRECTOR