

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Barbara B. Mouton
Secretary of State
Division of Corporations, 422

APPROVED
AND
FILED

MAY - 1 AM 8:11

DOCUMENT # **P93000001411 (6)**

1. Corporation Name
OMNI BEACH AND SPORT, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
**411 N OCEAN DR
HOLLYWOOD FL 33019**

3. Mailing Address
**411 N OCEAN DR
HOLLYWOOD FL 33019**

3. Date Inc. Incorporated or Qualified **01/04/1993** 3a. Date of Last Report **04/28/1994**

21. Filing jurisdiction (FD, SD, etc.)	26. Mailing Address	4. FEI Number 65-0386765	Applied For Not Applicable
22. State App # etc.	27. State App # etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	29. Zip	30. Country	8. This corporation has liability for intangible tax under § 193.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent AYALON, RAN 411 N OCEAN DR HOLLYWOOD FL 33019	10. Name and Address of New Registered Agent
	B1. Name
	B2. Street Address (P.O. Box Number is Not Acceptable)
	B3.
	B4. City
	B5. Zip Code FL

11. Pursuant to the provisions of Sections 607.0506 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 607.0506, Florida Statutes.

SIGNATURE: _____ (Print Name of Current Registered Agent) _____ (Print Name of New Registered Agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 1995	
TYPE	DP AYALON, RAN 411 N OCEAN DR HOLLYWOOD FL 33019	1. TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY		4. CITY	
STATE	DV AYALON, NANCY 411 N OCEAN DR HOLLYWOOD FL 33019	5. TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		7. STREET ADDRESS	
CITY		8. CITY	
STATE		9. TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY		12. CITY	
STATE		13. TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY		16. CITY	

14. I hereby certify that the information supplied with this filing is substantially furnished and checked equally for the information stated in law from 1993/06/06 Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall bind the same legal officer I am made under oath that I am an officer or director of the corporation or the removal of trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on the back of this report or on an attached with an address.

SIGNATURE: **X** *Nancy Ayalon* **NANCY AYALON** **X** 4/24/95 438 0656
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR