

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

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**May 07 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P93000001411 (6)

1. Corporation Name
OMNI BEACH AND SPORT, INC.



Principal Place of Business: **411 N OCEAN DR HOLLYWOOD FL 33019**
Mailing Address: **411 N OCEAN DR HOLLYWOOD FL 33019-1411**

3. Date Incorporated or Qualified: **01/04/1993** 3a. Date of Last Report: **08/05/1996**
4. FEI Number: **65-0386765** 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, 22, 23, 24
2a. Mailing Address: 25, 26, 27, 28, 29, 30

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
81 Name: **AYALON NANCY**
82 Street Address (P.O. Box Number is Not Acceptable): **2661 REGALIA WAY**
83
84 City: **COOPER CITY** FL 85 Zip Code: **33026**

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]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE: DP	<input checked="" type="checkbox"/> DELETE
NAME: AYALON, RAN	
STREET ADDRESS: 411 N OCEAN DR	
CITY-ST-ZIP: HOLLYWOOD FL 33019	
TITLE: DV	<input type="checkbox"/> DELETE
NAME: AYALON, NANCY	
STREET ADDRESS: 411 N OCEAN DR	
CITY-ST-ZIP: HOLLYWOOD FL 33019	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME:	
1.3 STREET ADDRESS:	
1.4 CITY-ST-ZIP:	
2.1 TITLE: AYALON NANCY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME: AYALON NANCY	
2.3 STREET ADDRESS: 2661 REGALIA WAY	
2.4 CITY-ST-ZIP: COOPER CITY, FL 33026-1344	
3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME:	
3.3 STREET ADDRESS:	
3.4 CITY-ST-ZIP:	
4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME:	
4.3 STREET ADDRESS:	
4.4 CITY-ST-ZIP:	
5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME: 900002180799	
5.3 STREET ADDRESS: -05/16/97--01013--045	
5.4 CITY-ST-ZIP: ***165.00	
6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 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: *[Signature]* Date: **CS 5/7/97** Daytime Phone #

CR2E034 (9/96)