

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

PROFIT
CORPORATION
ANNUAL REPORT



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

1996 5-1-96 5659

DOCUMENT # P93000028270 (5)

1. Corporation Name

OMNI COMMUNICATIONS, INC.

Principal Place of Business

1555 PALM BEACH LAKES BLVD.
SUITE 530
WEST PALM BEACH FL 33401

Mailing Address

1555 PALM BEACH LAKES BLVD.
SUITE 530
WEST PALM BEACH FL 33401



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/16/1993		3a. Date of Last Report 05/01/1999	
21 3450 Northlake Blvd.		26 3450 Northlake Blvd.		4. FEI Number 65-0429800		Applied For Not Applicable	
22 205		27 205		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Palm Beach Gardens, FL		28 Palm Beach Gardens, FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 33403		29 33403		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
COX, JAMES S 4400 PGA BLVD. SUITE 201 PALM BEACH GARDENS FL 33410				81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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: If registered Agent signature required when filing statement)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	V
NAME	GAETA, NEIL J	1.2 NAME	GAETA, NEIL J
STREET ADDRESS	1555 PALM BEACH LAKES BLVD. STE. 530	1.3 STREET ADDRESS	3450 NORTHLAKE BOULEVARD STE 205
CITY-ST-ZIP	WEST PALM BEACH FL 33401	1.4 CITY-ST-ZIP	PALM BEACH GARDENS, FL 33403
TITLE	P	2.1 TITLE	P
NAME	JUDGE, JASON P	2.2 NAME	JUDGE, JASON P.
STREET ADDRESS	1555 PALM BEACH LAKES BLVD. STE. 530	2.3 STREET ADDRESS	3450 NORTHLAKE BOULEVARD STE 205
CITY-ST-ZIP	WEST PALM BEACH FL 33401	2.4 CITY-ST-ZIP	PALM BEACH GARDENS, FL 33403
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 119.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)