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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000032751 (8)

FILED Apr 18 1997 8:00am Secretary of State

OMNI HOMES, INC. Principal Place of Business Mailing Address 2600 THUNDERBIRD RD. 2600 THUNDERBIRD RD. SEBRING FL 33871 US US											
US			ψŏ					3. Date Incorporated or Qua	ulified 3a.	Date of Last	Report
								05/03/1993	1	2/04/1996	*******
	al Place of Business		2a. Mailing A	Address				4. FEI Number		} -	pplied For
21 Suite	Apt #, etc		26 Suite, Ap	1 # 610				65-0418816			lot Applicable Additional
22	-411 #, 4 110		27	n. #, 616.				5. Certificate of Status Desir	ed 🔲		Additional Required
City &	State		City & St	ate				6. Election Campaign Finan Trust Fund Contribution	cing	\$5.00	May Be
Zφ	Co	ountry	Zip		Cou	ntry		8, This corporation has liable	lity for Intangi	ble tax under	s. 199.032,
24	25		29		30			Florida Statutes		□ No	
	g. Name and A	ddress of Curren	t Registered Age	ent		41		10. Name and Address of N	ew Register	ed Agent	······································
	ARRER, JANE M				l	81	Name				
	800 THUNDERBIRD F	ROAD			ľ	82	Street Addre	ess (P.O. Box Number is Not Ac	ceptable)		
S	EBRING FL 33871					83				·····	
l					l						
						84	City		F	85 Zip	Code
44 Pursi	ant to the provisions of	Sections 607 0502	2 and 607 1508 F	lorida Statut	es the at	20Ve-r	named corpo	oration submits this statement to			its registered
office	or registered agent, or	both, in the State	of Florida. Such o	change was	authorized	by th	he corporati	oration submits this statement for on's board of directors. I hereby	accept the a	a neminipolitica	s registered
•		raccepi the obliga	mons or, section	607.0303, FR	onda Siai	utes.					
SIGNATU											
Olditatio	Sign dare typed or printer	d name of registered agor	ol and title if applicable	(NOT	E: Ragistered	Ageni	signature require	od when (einstating)	DATI		
12.	Standard typed or printer	d name of registered ager OFFICERS AND		TON)	E: Registered	Ageni :	signature require	nd when reinstating) ADDITIONS/CHANGES TO			PRS IN 12
	Sign dure 151-1, dioxipante		D DIRECTORS	(NOT			signature require				
12.	PSTD FARRER, JANE	OFFICERS AND	D DIRECTORS		13.	LE	signature require			ND DIRECTO	
12. TIT: F	PSTD FARRER, JANE 2600 THUNDER	OFFICERS AND	D DIRECTORS		13, 11 TIT 1.2 NA	LE				ND DIRECTO	
12. TIT: F NAME STREET ADDR CITY-ST-ZIP	PSTD FARRER, JANE	OFFICERS AND	DIRECTORS] DELETE	13. 1 1 III 1 2 NA 1 3 ST 1 4 CII	ILE AME REET AD TY-\$T-	DORESS			ND DIRECTO	☐ Addition
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4. I do ht ceby 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 receiving trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block—3 if changed, or on an attrochment with an address.

SIGNATURE:

MEAND TYPE ON PRINTED NAME OF SHOULD OFFICER ON DIRECTOR

413.97

(941/385-3355