

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000003063 (2)**

1. Corporation Name

OMNICALL INTERNATIONAL, INC.



Principal Place of Business

Mailing Address

**1555 PALM BEACH LAKES
STE. 530
WEST PALM BEACH FL 33401**

**1555 PALM BEACH LAKES
STE. 530
WEST PALM BEACH FL 33401**

3. Date Incorporated or Qualified
01/06/1994

3a. Date of Last Report
06/22/1995

4. FEI Number
APPLIED FOR 650585320

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

2a. Mailing Address

21 3450 Northlake Blvd.
Suite, Apt. #, etc

26 3450 Northlake Blvd.
Suite, Apt. #, etc

22 Suite 205
City & State

27 Suite 205
City & State

23 Palm Beach Gardens, FL
Zip Country

28 Palm Beach Gardens, FL
Zip Country

24 33403

25

29 33403

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COX, JACK S
4400 P.G.A. BLVD.
STE. 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 required for principal, officer, director, agent, and trustee (if applicable)

(Both Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D GAETA, NEIL J**
STREET ADDRESS **1555 PALM BEACH LAKES BLVD. STE. 530**
CITY-ST-ZIP **W. PALM BEACH FL 33401**

TITLE ☐ DELETE
NAME **D JUDGE, JASON P**
STREET ADDRESS **1555 PALM BEACH LAKES BLVD. STE. 530**
CITY-ST-ZIP **W. PALM BEACH FL 33401**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Director** ☒ Change ☐ Addition

1.2 NAME **Gaeta, Neil J**

1.3 STREET ADDRESS **3450 Northlake Blvd. Ste. 205**

1.4 CITY-ST-ZIP **Palm Beach Gardens, FL 33403** ☒ Change ☐ Addition

2.1 TITLE **Director** ☒ Change ☐ Addition

2.2 NAME **Judge, Jason P**

2.3 STREET ADDRESS **3450 Northlake Blvd. Ste. 205**

2.4 CITY-ST-ZIP **Palm Beach Gardens, FL 33403** ☒ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 included 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 617, 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

Jason P Judge

6/24/96 561-625-1900
Date Printed

CR2E034 (3/96)