## 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

| <br>1996 |
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| DOCUN<br>1. Corporation           | MENT # P940   | 00014470 (6                       | 3)                                  |  |  |
|-----------------------------------|---|-----------------------------------|-------------------------------------|--|--|
| '                                 | OM BUILT, INC.  |                                   |                                     | I PERMENI NA MANI DIAN DAN DAN                             | IH <b>Behk beh</b> an kerin Jarn Baru Aben beh keri  |
| Principal Place                   | of Business   | Muiling Address                   |                                     |  |  |
| 750 NE 117TH ST<br>MIAMI FL 33161 |   | 750 NE 117TH ST<br>MIAMI FL 33161 |                                     |  |  |
| US                                |   | US                                |                                     | 3. Date Incorporated or Qualified                          | 3a. Date of Last Report                              |
| 2. Principal Pta                  | nce of Business   | 2a. Mailing Address               |                                     | 02/22/1994<br>4. FET Number                                | 07/25/1995   |
| 21                                | iso of Examinosis   | 26                                |                                     | 65-0468874   | Applied For Not Applicable                           |
| Suite, Apt. #                     | , etc.  | Suite, Apt. #, etc.               |                                     | 5. Certificate of Status Desired                           | \$8.75 Additional                                    |
| 22                                |   | 27                                |                                     |  | Fee Required   |
| 23                                |   | City & State                      |                                     | 6. Election Campaign Financing                             | \$5.00 May Be  |
| Zıp                               | Country   | Ziji                              | Country                             | Trust Fund Contribution                                    | Added to Fees  |
| 24                                | 25  | 29                                | 30                                  | 8. This corporation has liability for Florida Statutes Yes | intangible tax under si 199,032,<br>si <b>X</b> I No |
|                                   | 9. Name and Address of Curr                                   | ent Registered Agent              |                                     | 10. Name and Address of New I                              | Registered Agent                                     |
| 195045                            | AFR ***   |                                   | 81 Name                             | e  |  |
| LINEBAH                           | IGER, THOMAS<br>117 STREET                                    |                                   | 82 Stree                            | t Address (P.O. Box Number is Not Acceptal                 | ble)   |
| 730 N.E.<br>MIAMI FI              |   |                                   | 83                                  |  |  |
| WID WILL I                        | L 00101   |                                   |                                     |  |  |
|                                   |   |                                   | 84 City                             |  | FL 85 Zip Code                                       |
| SIGNATURE                         | Aprillatione System On the Oscillation of the gration of a pe | olen ttronogaja aku 194           | Piki Belgistered Agent agentus      |  | (AiE   |
| TITLE                             | D OFFICERS A  | ND DIRECTORS  DELETE              | 13.                                 | ADDITIONS/CHANGES TO OFF                                   | ICEHS AND DIRECTORS IN 12                            |
| NAME                              | LINEBARGER, THOMAS  | [] ::E1 (1E                       | 1 FTIRE                             |  | Change Addition                                      |
| STREET ADDRESS                    | 750 N.E. 117 STREET   |                                   | 1.2 NAME<br>1.3 STREET ADDRESS      |  |  |
| CITY - ST - ZIP                   | MIAMI FL 33161  |                                   | 1.4 CITY-ST ZIF                     |  |  |
| TETLE                             |   | DECETE                            | 2 1111.6                            |  | Change Addition                                      |
| NAME                              |   |                                   | 2.2 NAME                            |  | - Allogo - Madition                                  |
| STREET ADDRESS                    |   |                                   | 2.3 STREET ADDRESS                  |  |  |
| CITY - SI - ZIP<br>TITLE          |   |                                   | 24 City-St ZiP                      |  |  |
| NAME                              |   | ☐ DELFTE                          | 3 1 TIFLE                           |  | Change Addition                                      |
| STREET ADDRESS                    |   |                                   | 3.2 NAME                            |  |  |
| CITY-ST-ZIP                       |   |                                   | 3.3 STREET ADDRESS                  | 1  |  |
| TITLE                             |   | ☐ DELETE                          | 3.4 C(TY - ST - Z(P)<br>4.1 T(TE    |  | Chyran C Add   |
| NAME                              |   |                                   | 4.2 NAME                            |  | ☐ Change ☐ Addition                                  |
| STREET ADDRESS                    |   |                                   | 4.3 STREET ADDRESS                  |  |  |
| CITY-St-ZIP                       |   |                                   | 4.4.0-(Y-S) Z-P                     |  |  |
| THILE                             |   | [] DELETE                         | 5 1 HILE                            |  | Change Addition                                      |
| NAME<br>STREET AGODEGO            |   |                                   | 52 NAME                             |  |  |
| STREET AUDRESS                    |   |                                   | 5.3 STREET ADDRESS                  |  |  |
| DITY-ST-ZIP<br>TITLE              |   | □ ferene                          | 5.4 CITY - ST - ZIP                 |  |  |
| NAME                              |   | ☐ DELETE                          | 6 1 THE                             |  | Change Add-tion                                      |
| STREET ADDRESS                    |   |                                   | 6.2 NAME                            |  |  |
| CITY-ST-ZIP                       |   |                                   | 6.1 STREET ADDRESS<br>6.4 CHY ST-7P |  |  |
| 14 Ldo haraby c                   | and to that the information of the                            |                                   | # 0 4 OF 1 31 7 H                   | L  |  |

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 of 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.

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