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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400063876

1. Corporation Name

OMDB CORPORATION

% REGISTERED AGENT CORPORATION 1665 SOUTH BAYSHORE DR. MIAMI FL 33133
2a. Mailing Address

Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90018 047 ***150.00



,								
Principal Place	a of Business	Mailing Add	L 18871804 118 18111 01811 34211 48711 481	.14 64116 61366 (1)61 (1211 1 2319 0111 1391			
% REGISTERED AGENT CORPORATION 1665 SOUTH BAYSHORE DR. MIAMI FL 33133 **REGISTERED AGENT CORP 1665 SOUTH BAYSHORE DR. MIAMI FL 33133						DO NOT WRITE IN	N THIS SPACE	
						3. Date Incorporated or Qualified		
						08/29/1994		
2 Principal P	lace of Business	2a, Mailing	Address			4. FEI Number	_	Applied For
21	iddo di Edoliidoo	26				65-0522015		Not Applicable
	#, etc		Apt. #, etc	~ ~			\$8.7	5 Additional
22		27				5. Certifcate of Status Desired	Fee	Required
City & Stat	e	City & 9	City & State			6, Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
23 Zip	Country	Zip		Country		8. This corporation owes the current y		
24	25	29	30	·		Personal Property Tax.	¥ Yes	□No
	9. Name and Address of Curre	11				10. Name and Address of New Regis	stered Agent	
				81	Name			
	ISTERED AGENT CORPORATIO	N		82	Street Add	ress (P.O. Box Number is Not Acceptable)	<u>. </u>	<u> </u>
	SOUTH BAYSHORE DR.			62	Street Worth			
MIAN	WI FL 33133			83				
r	grade 1889			84	City		85 Z	Zip Code
• •					1		FL	•
11. Pursuant office or r agent. I a	to the provisions of Sections 607.05 registered agent, or both, in the State m familiar with, and accept the oblig.	02 and 607.1508, of Florida. Such ations of, Section	Florida Statutes, the change was author 607.0505, Florida S	e abov ized by Statutes	e-named corp the corporation.	oration submits this statement for the purpon's board of directors. I hereby accept the	ose of changing appointment as	j its registered s registered
SIGNATURE			/NOTE: Book	tornel Age	nt signature require	d when reinstation)	DATE	_
42	Signature, typed or printed name of registered ag	ND DIRECTORS		13.	it signature radores	ADDITIONS/CHANGES TO OFFICE		CTORS IN 12
TITLE	STDP	ND BIREOTORO		1.1 TITLE			Chan	
NAME	SCHULL, THEODORE		· ·	.2 NAME				
STREET ADDRESS					TADDRESS		v .	
	CORAL GABLES FL 33134			1.4 CITY-S				
CITY-ST-ZIP TITLE	CONAL GABLES I E 33134			2.1 TITLE			☐ Chan	nge 🔲 Addition
NAME			I	2.2 NAME	}			
STREET ADDRESS					TADORESS			
CITY-ST-ZIP	market and the same of the	<u> </u>	a	2. 4 CITY S		المراجع المراجع المستوم المستوين	<u> </u>	•
TITLE				3.1 TITLE			☐ Chan	nge 🔲 Addition
NAME	į			3.2 NAME			•	
STREET ADDRESS				3.3 STREE	T ADDRESS			
CITY-ST-ZIP	,			3.4. C!TY-5	ST-ZiP	•		_
TITLE				1.1 TITLE			☐ Chan	nge
NAME	•			4, 2 NAME			•	
STREET ADDRESS			,	4.3 STREE	T ADDRESS			
CITY-ST-ZIP				4,4 CITY-S	ST-ZIP			_
TITLE				5.1 TITLE			☐ Char	nge 🗌 Addition
NAME				5,2 NAME			•	
STREET ADDRESS			!	5,3 STREE	T ADDRESS			
CITY-ST-ZIP	· ·		P.	5.4 CITY - S	iT-ZIP			
TITLE			☐ DELETE	6.1 TITLE			☐ Char	nge 🗌 Addition
NAME			[/	6.2 NAME				
STREET ADDRESS			(6.3 STREE	TADORESS			

CITY-ST-Z)P 14. I 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: X