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 # P9400064665

Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90124 008 ***150.00

1. Corporation Name													
OMO SECURITIES, INC.								ĺ					
J											<u> </u>		8 B) 81 B) 1 131
Principal Place of Business Mailing Address									t 10031007 118 (01)	01811 18 111 1		oni sisip sif	a 4118) ang 1881
5221 SOUTH WEST 7TH STREET P O BOX 15602													
PLANTATION FL 33317 PLANTATION FL 33318													
. us									DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed				
										r Qualifec)		
Principal Place of Business 2a. Mailing Address									08/29/1994 4. FEI Number				applied For
¬ '									65-0532135			J	lot Applicable
26 Suite, Apt. #, etc. Suite, Apt. #, etc.													Additional
22 27									5. Certifcate of Status	Desired			Required
City & State City & State									6. Election Campaign	inancing	П	\$5.00	May Be
23 28									Trust Fund Contribu	tion			to Fees
Zip	Zip Country			Zip Cou			untry		8. This corporation ow	es the cui	rrent year Int		<i>→</i>
24		25 29 30							Personal Property T			☐ Yes	XIN0
	9. Name	and Address of Cur	rent Registe	red Agent		81	N 1		10. Name and Addres	of New	Registered	Agent	
CIDE	HOIONE IA	CK				[81]	Name		•				Į
CIRRICIONE, JACK 5221 SOUTH WEST 7TH STREET						82	Street /	Addres	ss (P.O. Box Number is N	lot Accep	table)		
PLANTATION FL 33317													
PLANTATION PL 33317						83							}
	•					84	City				FL	85 Zip	Code
11. Pursuant	to the provisi	ons of Sections 607.0	0502 and 607	.1508, Florida Statu	tes, the	above	-named	corpor	ation submits this statem	ent for the	e purpose of	changing it	s registered
office or r	egistered age	ent, or both, in the Sta	ate of Florida.	Such change was a section 607 0505. Flo	uthorize	ed by	the corpo	oration	ation submits this statem 's board of directors. I he	reby acce	ept the appoi	ntment as r	egistered
		ii, and adoopt the obi	ilganomo oi, o						* * * * * * * * * * * * * * * * * * * *	• •			
SIGNATURE	Signature, typed	or printed name of registered	agent and title if a	pplicable. (NOTE	: Registere	ed Agen	t signature re	equired w	vhen reinstating)		DATE		
12.		OFFICERS	AND DIREC		13				ADDITIONS/CHANG	ES TO O	FFICERS AN		
πιε	D			☐ DELETE	1	TITLE	}					Change	☐ Addition
NAME	CIRRINCIONE, JACK					1.2 NAME							ļ
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NAME					5.2	NAME						•	{
STREET ADDRESS	[5.3 8	STREET	ADDRESS		· ·		-	•	
CITY-ST-ZIP					5.4	CITY-ST	Γ-ZIP				·		·)
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, NAME					621	NAME	1		•		•		\
STREET ADDRESS					6.3	STREET	ADDRESS						1
CITY-ST-ZIP	Ì				6.4 (CITY-S1	r- ZIP						

14. I hereby certify that the information supplied with this filling 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 of the receiver truestee 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 attact print with an address, with all other like empowered.

SIGNATURE

CIRRINCIONEAPR 2 6 1999 INTED NAME OF SIGNING OFFICER OR DIREC