


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

FILED

**Feb 13 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P95000041345 (6)
1. Corporation Name
OMP PROPERTY INVESTMENTS, INC.



Principal Place of Business %TAM REAL ESTATE FLORIDA, INC. 820 DONALD ROSS RD. JUNO BEACH FL 33408	Mailing Address %TAM REAL ESTATE FLORIDA, INC. 820 DONALD ROSS RD. JUNO BEACH FL 33408-1805
--	---

3. Date Incorporated or Qualified 05/25/1995	3a. Date of Last Report 04/12/1996
4. FEI Number 65-0585360	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. 1711 WORTHINGTON RD Suite, Apt. #, etc.	2a. Mailing Address 26. 1711 WORTHINGTON RD Suite, Apt. #, etc.
22. SUITE 106 City & State	27. SUITE 106 City & State
23. WEST PALM BCH, FL Zip Country	28. WEST PALM BCH, FL Zip Country
24. 33409 USA	29. 33409 USA

9. Name and Address of Current Registered Agent YOUNG, GREGORY E C/O EDWARDS & ANGELL 250 ROYAL PALM WAY, SUITE 300 PALM BEACH FL 33480	10. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE D	<input type="checkbox"/> DELETE
NAME AL-SAYED, EBRAHIM S	
STREET ADDRESS %820 DONALD ROSS RD.	
CITY-ST-ZIP JUNO BEACH FL 33408	
TITLE D	<input type="checkbox"/> DELETE
NAME HASHWANI, HATIM	
STREET ADDRESS %820 DONALD ROSS RD.	
CITY-ST-ZIP JUNO BEACH FL 33408	
TITLE D	<input type="checkbox"/> DELETE
NAME CLARK, SUSAN I	
STREET ADDRESS %820 DONALD ROSS RD.	
CITY-ST-ZIP JUNO BEACH FL 33408	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1711 WORTHINGTON ROAD SUITE 106
1.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33409
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1711 WORTHINGTON ROAD, SUITE 106
2.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33409
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	1711 WORTHINGTON ROAD, SUITE 106
3.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33409
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: _____ DATE: **01/24/97** DAYTIME PHONE: **561-616-0020**

CR2E034 (9/96)