


**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:  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: **21 1711 WORTHINGTON RD**

2a. Mailing Address: **26 1711 WORTHINGTON RD**

22. **SUITE 106**      27. **SUITE 106**

23. **WEST PALM BCH, FL**      28. **WEST PALM BCH, FL**

24. **33409**      25. **USA**      29. **33409**      30. **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: \_\_\_\_\_

85 Zip Code: **FL** \_\_\_\_\_

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	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>AL-SAYED, EBRAHIM S</b>
STREET ADDRESS	<b>%820 DONALD ROSS RD.</b>
CITY-ST-ZIP	<b>JUNO BEACH FL 33408</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>HASHWANI, HATIM</b>
STREET ADDRESS	<b>%820 DONALD ROSS RD.</b>
CITY-ST-ZIP	<b>JUNO BEACH FL 33408</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>CLARK, SUSAN I</b>
STREET ADDRESS	<b>%820 DONALD ROSS RD.</b>
CITY-ST-ZIP	<b>JUNO BEACH FL 33408</b>
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	<b>1711 WORTHINGTON ROAD SUITE 106</b>
1.4 CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33409</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>1711 WORTHINGTON ROAD, SUITE 106</b>
2.4 CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33409</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>1711 WORTHINGTON ROAD, SUITE 106</b>
3.4 CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33409</b>
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)