

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

FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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 Mailing Address

~~610 REAL ESTATE FLORIDA, INC.~~
~~1711 WORTHINGTON RD., SUITE 400~~
~~WEST PALM BEACH FL 33409~~
 US

~~610 REAL ESTATE FLORIDA, INC.~~
~~1711 WORTHINGTON RD., SUITE 400~~
~~WEST PALM BEACH FL 33409~~
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address

21 **8556 Palm Parkway** 26 **8556 Palm Parkway**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

22 **Orlando, FL.** 27 **Orlando, FL.**
 City & State City & State

23 **32836** 25 **USA** 29 **32836** 30 **USA**
 Zip Country Zip Country

3. Date Incorporated or Qualified
05/25/1995

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 owes or has paid the current year Intangible Personal Property Tax due June 30, Yes No

9. Name and Address of Current Registered Agent

~~YOUNG, GREGORY E~~
~~610 EDWARDS & ANGELL~~
~~850 ROYAL PALM WAY, SUITE 300~~
~~PALM BEACH FL 33409~~

10. Name and Address of New Registered Agent

81 **James R. Kay**
 Name

82 **Akerman, Senterfitt & Edson, P.A.**
 Street Address (P.O. Box Number is Not Applicable)

83 **777 S. Flagler Dr., Suite #900 East Tower**
 City

84 **West Palm Beach** 85 **FL** 85 **33401**
 City State 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 *James R. Kay* DATE **4/29/98**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	AL-SAYED, EBRAHIM S
STREET ADDRESS	1711 WORTHINGTON ROAD, SUITE 400
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	HASHWANI, HATIM
STREET ADDRESS	1711 WORTHINGTON ROAD, SUITE 400
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	CLARK, SUSAN I
STREET ADDRESS	1711 WORTHINGTON ROAD, SUITE 400
CITY-ST-ZIP	WEST PALM BEACH FL
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	8556 Palm Parkway
1.4 CITY-ST-ZIP	Orlando, FL. 32836
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	8556 Palm Parkway
2.4 CITY-ST-ZIP	Orlando, FL. 32836
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	8556 Palm Parkway
3.4 CITY-ST-ZIP	Orlando, FL. 32836
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 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 appropriate, or on an attachment with an address.

SIGNATURE: *Hatim Hashwani* DATE: **4/27/98** 407-239-9142

CR2E034 (10/97)