JUN-02-98 12:42 FROM:BANK ATLANTIC SBBC 1

AMENDED

85

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

PROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 JUN -3 PM 4:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000072379 (7)

1. Corporation Name
OMNI OUTDOORS, INC.

Principal Place of Business
1742 NW. 112 TERRACE
CORAL SPRINGS FL 33071

Mailing Address
1742 N.W. 112 TERRACE
CORAL SPRINGS FL 33071

3. Date Incorporated or Qualified: 09/19/1995

2a. Principal Place of Business 21
Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2b. Mailing Address 26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

4. FEI Number: 65-0612979 — 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
REINFELD, STUART G.
8351 W. SUNRISE BLVD, #100A
FT LAUDERDALE FL 33322

10. Name and Address of New Registered Agent
01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City 05 Zip Code

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-06/05/98--01003--006
FL ****61.25

11. Pursuant to the provisions of Sections 607.0505 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
Signature of Registered Agent (Must be the registered agent and his or her signature) (NOTE: Registered Agent signature required when qualifying) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS ☐ DELETE	1.1 TITLE	D CEO ☐ Change ☐ Addition
NAME	REEB, BRUCE	1.2 NAME	REEB, TERRY
STREET ADDRESS	1742 NW 112 TERRACE	1.3 STREET ADDRESS	1742 N.W. 112 TERRACE
CITY-ST-ZIP	CORAL SPRINGS FL 33071	1.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE	D CEO ☐ DELETE	2.1 TITLE	1 D VPT ☐ Change ☐ Addition
NAME	REEB, TERRY	2.2 NAME	REEB, BRUCE
STREET ADDRESS	1742 NW 112 TERRACE	2.3 STREET ADDRESS	1742 N.W. 112 TERRACE
CITY-ST-ZIP	CORAL SPRINGS FL 33071	2.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE	D VPT ☐ DELETE	3.1 TITLE	1 D VPT ☐ Change ☐ Addition
NAME	MC MAHON, KEVIN	3.2 NAME	MCMAHON, KEVIN
STREET ADDRESS	12312 NW 28 COURT	3.3 STREET ADDRESS	12312 NW 28½ COURT
CITY-ST-ZIP	CORAL SPRINGS FL 33065	3.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33065
TITLE	D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MC MAHON, MICHELE	4.2 NAME	
STREET ADDRESS	12312 NW 28 COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

Should Be

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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.

SIGNATURE: Terry M. Reeb 1-5-98 (954) 796-8920
SIGNATURE AND TITLE OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR — Date — Daytime Phone — Extension

Terry M. Reeb 6-2-98 (954) 796-8920