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FILED
Feb 03 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 # P96000036022 (7)

1. Corporation Name

OMC DEVELOPMENT CORPORATION



Principal Place of Business

255 ALHAMBRA CIRCLE, SUITE 424
C/O LEE MANDELL
CORAL GABLES FL 33134

Mailing Address

255 ALHAMBRA CIRCLE, SUITE 424
C/O LEE MANDELL
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 800 Brickell Avenue

Suite, Apt. #, etc.

22 Suite 904

23 Miami, Florida

24 33131

Country

25 US

2a. Mailing Address

26 800 Brickell Avenue

Suite, Apt. #, etc.

27 Suite 904

28 Miami, Florida

29 33131

Country

30 US

3. Date Incorporated or Qualified

04/24/1996

4. FEI Number

65-0223201

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

MANDELL, LEE ESQ.
255 ALHAMBRA CIRCLE, SUITE 424
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

MANDELL, Lee ESQ

82 Street Address (P.O. Box Number is Not Acceptable)

800 BRICKELL AVENUE

83

Suite 904

84 City

MIAMI

FL

85 Zip Code

33131

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME ORSBURN, MICHAEL
STREET ADDRESS 7924 S. WOODRIDGE DRIVE
CITY-ST-ZIP PARKLAND FL 33067

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME ORSBURN MICHAEL
1.3 STREET ADDRESS 1550 SE 12th Street
1.4 CITY-ST-ZIP DEERFIELD BEACH, FL 33441

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 changed, or on an attachment with an address.

SIGNATURE: Michael Orsburn 1/26/98 954-421-9238

CR2E034 (10/97)