

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000059678 (8)

1. Corporation Name
OMNI DISTRIBUTION, INC.

Principal Place of Business 1605 MAIN STREET STE 1001 SARASOTA FL 34236	Mailing Address 1605 MAIN STREET STE 1001 SARASOTA FL 34236
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/17/1996		3a. Date of Last Report	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0696586		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

GOLDSMITH, STANLEY A
1605 MAIN STREET STE 1001
SARASOTA FL 34236

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	P
NAME	ZBIEGIEN, EDWARD J JR	1.2 NAME	ZBIEGIEN, EDWARD J. JR.
STREET ADDRESS	501 GULF AVE	1.3 STREET ADDRESS	4512 30TH ST. CT E.
CITY-ST-ZIP	BRADENTON FL 34217	1.4 CITY-ST-ZIP	BRADENTON, FL 34203
TITLE	D	2.1 TITLE	VP
NAME	ZBIEGIEN, JENNIFER J	2.2 NAME	JENNIFER, ZBIEGIEN L.
STREET ADDRESS	228 E BAILEY	2.3 STREET ADDRESS	4512 30TH ST. CT E.
CITY-ST-ZIP	NAPERVILLE IL 60565	2.4 CITY-ST-ZIP	BRADENTON, FL 34203
TITLE	D	3.1 TITLE	ST
NAME	TESTEN, EDNA	3.2 NAME	ZBIEGIEN, TERRI
STREET ADDRESS	728 S AUSTIN	3.3 STREET ADDRESS	4512 30TH ST. CT E.
CITY-ST-ZIP	CICERO IL 60650	3.4 CITY-ST-ZIP	BRADENTON, FL 34203
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Edward J. Zbiegien*

CR2E034 (4/97)