

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

FILED
May 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 1005 MAIN STREET STE 1001 SARASOTA FL 34236	Mailing Address 1005 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	
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 1005 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	
<input type="checkbox"/> DELETE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
1.1 TITLE P ZBIEGIEN, EDWARD J JR 4512 30TH ST. CT E BRADENTON FL	1.2 NAME	1.1 TITLE DP ZBIEGIEN, EDWARD J., JR. 6005 E. 17th St., #A Bradenton, FL 34203	1.2 NAME
2.1 TITLE VP ZBIEGIEN, JENNIFER J 4512 30TH ST CT E BRADENTON FL	2.2 NAME	2.1 TITLE DVP ZBIEGIEN, JENNIFER J. 6005 E. 17th St., #A Bradenton, FL 34203	2.2 NAME
3.1 TITLE D TESTEN, EDNA 728 S AUSTIN CICERO IL	3.2 NAME	3.1 TITLE	3.2 NAME
4.1 TITLE ST ZBIEGIEN, TERRI 4512 30TH ST CT E BRADENTON FL	4.2 NAME	4.1 TITLE DST ZBIEGIEN, TERRI 6005 E. 17th St., #A Bradenton, FL 34203	4.2 NAME
5.1 TITLE	5.2 NAME	5.1 TITLE	5.2 NAME
6.1 TITLE	6.2 NAME	6.1 TITLE	6.2 NAME

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: Terri Zbiegien Sec/Tres 4/28/98 941-751-1300

CR2E034 (10/97)