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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000020251 (9)

OMALA ENTERPRISES, INC.

FILED Apr 15 1998 8:00am Secretary of State



| Principal Plac | e of Business | Mailing A | Mailing Address | | | | | *** ***** 1785 | | | |
|--|---|--|------------------------------------|-------------------------|-------------|--------------|--|--------------------------------|----------------|--|--|
| | VELT STREET | | 1954 ROOSEVELT STREET | | | | | | | | |
| HOLLYWOOD | FL 33020 | HOLLYW | HOLLYWOOD FL 33020 | | | | DO 1107 111077 111 71 110 | DO 4107 1107 77 111 7110 00 40 | | | |
| i | | | | | | | DO NOT WRITE IN THIS | SPACE | | | |
| | | | | | | | 3. Date Incorporated or Qualified 03/05/1997 | | | | |
| 2. Principal P | ace of Business | 2a. Mailin | 2a. Mailing Address | | | | 4. FEI Number | T | Applied For | | |
| 21 | | 26 | | | | | 65-0735586 | 200 | Not Applicable | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | | | | Additional | | |
| 22 | | <u></u> | 27 | | | | 5. Certificate of Status Desired | | Required | | |
| City & State | 9 | | City & State | | | | 6. Election Campaign Financing | | May Be | | |
| 23 | | 28 | 28 | | | | Trust Fund Contribution | | d to Fees | | |
| Zip | Country | Country Zip . Co | | | intry | | 8. This corporation owes or has paid the cu | rrent vear | Intangible | | |
| 24 | 25 | 29 | | 30 | | | | Yes | X No | | |
| Name and Address of Current Registered | | | Agent | | | | 10. Name and Address of New Registered Agent | | | | |
| FR | ANKLIN, JAMES | | | | B1 | Name | | | | | |
| 1954 ROOSEVELT STREET | | | | | 82 | Street | Address (P.O. Box Number is Not Acceptable) | | | | |
| l HC | LLYWOOD FL 33020 | | ľ | | | Olloot | Address (F.O. Dox Nomber is Not Acceptable) | | | | |
| | | | | | 83 | | | | | | |
| | | | | | | -02 | | T=-1 =- | | | |
| | | | | | 84 | City | Fi | 85 Zi | p Code | | |
| 11. Pursuant | to the provisions of Sections 607.056 | 02 and 607.1508 | B, Florida Statut | es, the at | pove | -named | | of changing | its registered | | |
| office or re | e giste red agent, or both, in the State or familiar with, and accept the oblic | e of Florida, Suc- pations of Section | h change was a in 607 0505. Fid | authorize orida Stat | d by | the cor | d corporation submits this statement for the purpose of poration's board of directors. I hereby accept the appropriate the purpose of the pur | pointment i | as registered | | |
| | The training that the coops we obtain | 11110110 01, 000110 | 000.000, 110 | oriog otal | utoa | • | | | ŀ | | |
| SIGNATURE | Signature, typed or printed name of registered ag | ent and title if applicat | ole (NO1 | E: Registere: | d Age | nt signature | e required when reinstating) DATE | | | | |
| 12. | OFFICERS AN | D DIRECTORS | | 13. | | | ADDITIONS/CHANGES TO OFFICERS AN | D DIRECTO | ORS IN 12 | | |
| TITLE | U | | DELETE | 1.1 TO | 1.1 TITLE | | | ☐ Change | e 🔲 Addition | | |
| NAME | FRANKLIN, JAMES | | | 1.2 N/ | AME | | | | 1 | | |
| STREET ADDRESS | 1954 ROOSEVELT STREET | | | 1.3 ST | REET | ADDRESS | | | | | |
| CITY-ST-ZIP | HOLLYWOOD FL 33020 | | | 1.4 C/ | TY-SI | r-ZIP | İ | | . | | |
| TITLE | | | ☐ DELET E | 2.1 Tr | TLE | | | Change | e 🔲 Addition | | |
| NAME | | | | 2.2 NA | AME | | | | | | |
| STREET ADDRESS | | | | 2.3 ST | REET | address | 2 37 | | | | |
| CITY-ST-ZIP | <u> </u> | | | 2.4 C | ITY-S | T-ZIP | | | | | |
| TITLE | | | DELETE | 3.1 Til | TLE | | | Change | Addition | | |
| NAME | | | | 3.2 NA | AME | | | | 1 | | |
| STREET ADDRESS | | | | 3.3 ST | REET | ADDRESS | | | | | |
| CITY-ST-ZIP | | | | 3.4 CI | ITY-S | T-ZIP | | | | | |
| TITLE | | | DELETÉ | 4.1 TIT | | | | Change | Addition | | |
| NAME | | | | 4. 2 N | AME | | | | | | |
| STREET ADDRESS | | | | 4.3 ST | REET A | ADDRESS | | | | | |
| CITY-ST-ZIP | | | | 4.4 CI | | | | | | | |
| TITLE | | | DELETE | 5.1 111 | | | | Change | Addition | | |
| NAME | | | | 5 2 NA | ME | | | · | | | |
| STREET ADDRESS | | | | | | ADDRESS | | | | | |
| CITY-ST-ZIP | | | | 5.4 Ci | | | | | | | |
| TITLE | | | DELETE | 61 717 | | £N. | · · · · · · · · · · · · · · · · · · · | Change | Addition | | |
| NAME | | | | 6.2 NA | | | | | | | |
| STREET ADDRESS | | | | | | ADDRESS | | | - | | |
| | | | | | | | | | [| | |
| CITY-ST-ZIP | | | | 6.4 CIT | 11-SI | - 111 | 1 | | 1 | | |

14. Thereby 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.