## 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

DOCUMENT # P97000081275 (4)

W/B OMNI CORP.

## **FILED** Apr 09 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						
2665 S. BAYSHORE DR., STE. 1002 2665 S. BAYSHORE DR., ST MIAMI FL 33133 MIAMI FL 33133			E. 1002		DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified
						09/18/1997
<b>⊢</b> ′	Place of Business	2a. Mailing Ad	ddress			4. FEI Number  65-0791428  Applied For  Not Applied be
Suite, Apt.	₩. elc.	26 Suite, Apt.	# etc			Tot i policatio
27				<del></del>		5. Certificate of Status Desired See Required
City & Stat		City & Sta				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip			6. This corporation owes or has paid the current year Intangible			
24	25   29   30   9. Name and Address of Current Registered Agent		<u> </u>		Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent	
00		· · · · · <del>· · · · · · · · · · · · · · </del>		81	Name	10. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET						
TALLAHASSEE FL 32301-2525				82 Street Add		ddress (P.O. Box Number is Not Acceptable)
,				83		
				84	~	FL 85 Zip Code
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						
12.	Signature, typed or printed name of registered	agent and title if applicable	(NOTE: R		ent signature re	quired when reinstating) DATE
TITLE	D		DELETE	13.	Т	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
NAME	WEISER, WARREN	_		1.2 NAME		
STREET ADDRESS	2665 S. BAYSHORE DR., S	TF. 1002		1.3 STREET	ADORESS	
CITY-ST-ZIP	MIAMI FL 33133			1.4 CITY-S	1	
TITLE	D		DELETE	21 TITLE		☐ Change ☐ Addition
NAME	GREENBERG, CAROL			22 NAME	Ì	
STREET ADDRESS	2665 S. BAYSHORE DR., S	TE. 1002		2.3 STREET	ADDRESS	
CITY-ST-ZIP	MIAMI FL 33133			2 4 CITY-5	ST-ZIP	
TITLE			DELETE	3 1 TITLE		Change Addition
NAME				3.2 NAME	ľ	j
STREET ADDRESS				3.3 STREET	ADDRESS	
CITY-ST-ZIP		<del></del>	OCI CAT	3.4. CITY - 9	ST-ZIP	
TITLE		Ц	DELETE	4.1 TITLE		Change Addition
NAME STREET ADORESS				4. 2 NAME	ADDRESS	
CITY-ST-ZIP				4.3 STREET		
TITLE	· · · · · · · · · · · · · · · · · · ·	<del></del>	DELETE	4.4 CITY - S 5.1 TITLE	1 - 211	Change Addition
NAME				5.2 NAME	ľ	Orialize Addition
STREET ADDRESS				5.3 STREET	ADDRESS	
CITY-ST-ZIP				5.4 CITY-S		
TITLE			DELETE	6.1 TITLE	. 411	☐ Change ☐ Addition
NAME				6.2 NAME		
STREET ADDRESS				6.3 STREET	ADDRESS	
CITY-ST-ZIP				6.4 CITY-S	1	
	ertify that the information supplied	with this filing does n	ot qualify for th	ne exemp	tion stated	in Section 119.07(3)(i), Florida Statutes. I further certify that the information

Indicated on this annual report or supplemental innual 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 empower 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 organ attachment with an address. 1/2/98