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Apr 16, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000046047

1. Corporation Name

OMNI MANAGEMENT & CONSULTANTS UNLIMITED, INC.

Principal Place of Business
**613 CRICKLEWOOD TERRACE
 HEATHROW FL 32746**

Mailing Address
**P O BOX 961105
 LAKE MARY FL 32795-1105**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/21/1998	
21		26		4. FEI Number 59-3515336	Applied For <input type="checkbox"/> Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip Country	29	Zip Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**F & L CORP.
 200 LAURA ST, THE GREENLEAF BLDG
 JACKSONVILLE FL 32201-0240**

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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	President <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOE ANN McCLANDON	1.2 NAME	
STREET ADDRESS	1693 Bridgewater Drive	1.3 STREET ADDRESS	
CITY-ST-ZIP	HEATHROW, FL 32746	1.4 CITY-ST-ZIP	
TITLE	V. President <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert L. JOHNSON	2.2 NAME	
STREET ADDRESS	640 Crickewood Terrace	2.3 STREET ADDRESS	
CITY-ST-ZIP	Heathrow, FL 32746	2.4 CITY-ST-ZIP	
TITLE	TREASURER <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEBRA D. JOHNSON	3.2 NAME	
STREET ADDRESS	640 CRICKLEWOOD TER.	3.3 STREET ADDRESS	
CITY-ST-ZIP	Heathrow, FL 32746	3.4 CITY-ST-ZIP	
TITLE	Secretary <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAROL Buford	4.2 NAME	
STREET ADDRESS	613 CRICKLEWOOD Terrace	4.3 STREET ADDRESS	
CITY-ST-ZIP	Heathrow, FL 32746	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 with all other like empowered.

SIGNATURE:

Carol A. J. Buford
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carol A. J. Buford
 Date

4/7/99
 Daytime Phone #

(407) 333-9445

CR2E034 (11/98)