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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000056798

1. Corporation Name

OMNI TAX SERVICES, INC.

Principal Plac	ce of Business	Mailing Addres	ss				ent 2011 0010)	#111# #11(## #	19197 1911 1891
4705 SW 90 AVE. 4705 SW 90 AVE.									
MIAMI FL 33165 MIAMI FL 33165						DO NOT WD	ITC IN THIS	CDACE	
						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed	i		
			4,1			06/24/1998			
2. Principal F	Place of Business	2a. Mailing Add	2a. Mailing Address			4. FEI Number 0 5 19 U	LO	L	plied For
21		26				62 000111			t Applicable
Suite, Apt. #, etc.		Suite, Apt. 1	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required			
City & Star	te	City & State	е		,	6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added to	o Fees
Zip	Country	Zip		Country		8. This corporation owes the cur	rent year Int	angible	
24	25	29	30			Personal Property Tax.			⊠ No
	9. Name and Address of Curr	rent Registered Agent	t .			10. Name and Address of New	Registered	Agent	
				81	Name				•
ENG, DANIEL C					Street Addres	ss (P.O. Box Number is Not Accept	table)		
1	5 SW 90 AVE.			82	Onest Addis	CO (F. C. DOX HEATING TO FISH HOODIN	,		
MIA	MI FL 33165			83					
								11 /	
				84	City		FL	85 Zip C	ode
11 Durauant	t to the provisions of Sections 607.0	1502 and 607 1508. Flo	rida Statutos th	e above	-named como	ration submits this statement for the	e nurpose of	changing its	registered
agent. I a	to the provisions of sections do registered agent, or both, in the Sta arm familiar with, and accept the oblining the state of the section of the sections of	igations of, Section 607	7.0505, Florida S	statutes.	signature required		DATE DATE		
12.		AND DIRECTORS		13.		ADDITIONS/CHANGES TO O	FFICERS AN	ID DIRECTO	RS IN 12
TITLE	President		DELETE 1						T A 2435aa
NAME	Ena Daniel			1.1 TITLE				Change	☐ Addition
\ ····		C						Change	
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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.

6.1 TITLE

6.2 NAME

6.3 STREET ADORESS

6.4 CITY-ST-ZIP

SIGNATURE: 9

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

☐ DELETE

☐ Change

☐ Addition

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90034 007 ***150.00

CR2E034 (11/98)