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May 17, 1999 8:00 am
Secretary of State

05-17-1999 90038 043 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P98000080767 ✓

1. Corporation Name
 OMAS INVESTMENT CORP.

Principal Place of Business Mailing Address

ONE INDEPENDENT DR. ONE INDEPENDENT DR.
 SUITE 3131 SUITE 3131
 JACKSONVILLE, FL 32202 JACKSONVILLE, FL 32202

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address

21 1620 NW 46th AVE. 26 5200 NW 43rd STREET
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 SUITE #23 27 SUITE 102-208
 City & State City & State
 23 LAUDERHILL, Florida 28 GAINESVILLE, Florida
 Zip Country Zip Country
 24 33313 25 U.S.A. 29 32606 30 U.S.A.

3. Date Incorporated or Qualified
 9-11-98

4. FEI Number Applied For
 59-3531720 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

COURTNEY K. GRIMM
 ONE INDEPENDENT DRIVE, STE. 3131
 JACKSONVILLE, FLORIDA 32202

10. Name and Address of New Registered Agent

81 Name CHRISTINE T. SIMS
 82 Street Address (P.O. Box Number is Not Acceptable)
 6425 NW 29th TERRACE
 83
 84 City Gainesville FL 85 Zip Code 32653

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 *Christine T. Sims* DATE 4/29/99

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	P/S/T
1.3 STREET ADDRESS	CHRISTINE T. SIMS
1.4 CITY-ST-ZIP	6425 NW 29th TERRACE Gainesville, FL 32653
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *Christine T. Sims* CHRISTINE T. SIMS 4-29-99 352-338-1575

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)