

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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90126 029 ***150.00

DOCUMENT # P98000092621

1. Corporation Name

OMNI MORTGAGE BROKERS CORP.

Principal Place of Business

1280 SOUTHWEST 101ST TERRACE
SUITE 207
PEMBROKE PINES FL 33025

Mailing Address

1280 SOUTHWEST 101ST TERRACE
SUITE 207
PEMBROKE PINES FL 33025

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/02/1998

2. Principal Place of Business

2a. Mailing Address

21 190 NE 199th Street

26 1280 SW 101st Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 107

27 Suite 207

City & State

City & State

23 Miami, Florida

28 Pembroke Pines, Florida

Zip

Country

Zip

Country

24 33179

25 USA

29 33025

30 USA

4. FEI Number

65-0872443

Applied For

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

10. Name and Address of New Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

81 Name Colson, Sawyer, and Associates

82 Street Address (P.O. Box Number is Not Acceptable)

1 East Broward Blvd.

83 Suite 700

84 City Ft. Lauderdale

FL

85 Zip Code 33301

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

Colson, Sawyer, and Associates

4/28/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSTD
NAME GRIER, JONDRA R
STREET ADDRESS 1280 SOUTHWEST 101ST TERRACE
CITY-ST-ZIP PEMBROKE PINES FL 33025

DELETE

TITLE V
NAME WHITE, STEPHANIE M
STREET ADDRESS 1280 SOUTHWEST 101ST TERRACE
CITY-ST-ZIP PEMBROKE PINES FL 33025

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Executive Vice President
Grier, Jondra R. M.
1280 SW 101st Terrace Suite 207
Pembroke Pines, Florida 33025

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

President
White, Stephanie M.
1280 SW 101st Terr. Suite 207
Pembroke Pines, Florida 33025

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Vice President
Spencer, Roderick
1280 SW 101st Terrace Suite 207
Pembroke Pines, Florida 33025

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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:

Jondra R.M. Grier 4/28/99 (305) 770-0900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)