

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 2-24-95-8 1523-C

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Monham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 24 PM 4:13

DOCUMENT # S45479 (0)
1. Corporation Name
OMNI REALTY GROUP, INC.

Principal Place of Business Mailing Address
15619 PREMIERE DRIVE SUITE 104 TAMPA FL 33624

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc 26 Suite, Apt. #, etc
22 City & State 27 City & State
23 Zip 25 Country 29 Zip 30 Country

3. Date Incorporated or Qualified **04/16/1991** 3a. Date of Last Report **04/22/1994**
4. FEI Number **59-3078511** 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 has liability for intangible tax under § 199.002, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**JOHNSON, GREGORY G.
15619 PREMIERE DRIVE
SUITE 104
TAMPA FL 33624**

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 607.1508, 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 _____
Signature (typed or printed name of registered agent and fee applicant) (607) Registered Agent signature (report after recording) (607)

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	JOHNSON, GREGORY G.
STREET ADDRESS	15619 PREMIERE DR.
CITY, ST, ZIP	TAMPA FL
TITLE	AS
NAME	SMITH, CHERY L.
STREET ADDRESS	14619 PREMIERE DRIVE, STE 104
CITY, ST, ZIP	TAMPA FL
TITLE	VSTD
NAME	CUDEBACK, GEORGE A.
STREET ADDRESS	15619 PREMIERE DR.
CITY, ST, ZIP	TAMPA FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	TRACZYK, STEVEN M.
13 STREET ADDRESS	15619 PREMIERE DRIVE, SUITE 104
14 CITY, ST, ZIP	TAMPA FL 33624
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.002(a), 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 compile 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.

SIGNATURE: _____ **02/21/95** **(813)960-9080**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
GREGORY G. JOHNSON