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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Jan 20 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(0)

OMNI F	REALTY GROUP, INC.		` ,							
Principal Plac	e of Business	Mai	ling Address					All Aidth Did	EL DIDIE BIBIL DID	JII vit ii f it i
15619 PREMIERE DRIVE			15619 PREMIERE DRIVE							
SUITE 104			SUITE 104			DO NOT MODE	ינ ואו דוווכ	O O CIA O C		
TAMPA FL 33	624	TAI	MPA FL 33624				DO NOT WRIT 3. Date Incorporated or Qualified		SPACE.	
							·			
2. Principal P	lace of Business] 2a.	Mailing Address				04/16/1991 4. FEI Numbor		Т	applied For
21		26					59-3078511			lot Applicable
Suite, Apt.	#, etc.	+	Suite, Apt. #, etc.				-			Additional
22		27					5. Certificate of Status Desired	ΓJ		lequired
City & State			City & State			6. Election Campaign Financing		\$5.00) May Be	
23		28					Trust Fund Contribution			to Fees
Zip	Country		7ιρ	Cou	ntry		8. This corporation owes or has ;	aid the cu	urrent year In	itangible
24	25	29		30			Personal Property Tax due Jur			No
	g. Name and Address of Current	Hegiste	rea Ageni		81	Name	10. Name and Address of New F	egistered	Agent	
	HNSON, GREGORY G.				" '	Name				
	19 PREMIERE DRIVE				82	Street Add	dress (P.O. Box Number is Not Accept	ıble)		
	TE 104				83		Mark of the color			
IAM	MPA FL 33624				03					
					84	City			85 Zip	Code
11 Pursuant	to the provisions of Sections 607 0502	and 600	1508 Florida Statut	loc the al		named nor	moration submits this statement for the	FL	-	to registered
office or r	to the provisions of Sections 607.0502 ogistered agent, or both, in the State of	Horida	Such change was	authorized	d by	the corpore	ntion's board of directors. I hereby acco	qa odt tqc	pointment as	is registered registered
_	m familiar with, and accept the obligati	ons or,	Section 607.0505, FT	orida Stat	utes					
SIGNATURE	Signature, typind or printed name of registered agenc.	and tile it.	nopheable (NOT	II Flogistered	i Ager	nt signature regu	aired when reinstating)	JIAG		-
12.	OFFICERS AND			13.			ADDITIONS/CHANGES TO OFF		D DIRECTO	RS IN 12
TITLE	PD		DELETE	1.1 10	ll f				Change	Addition
NAME	JOHNSON, GREGORY G.			1.2 NA	Mí					
STREET ADDRESS	15619 PREMIERE DR.			13 ST	REET	ADDRESS				
CITY-ST-ZIP	TAMPA FL			14 CII	Y-\$1	-7IP				
TITLE	AS		DELETË	21 10	t F	7			Change	Addition
NAME	Paulin, Susan			2 2 NA	ME					
STREET ADDRESS	15619 PREMIERE DR STE 104			2351	HEET #	ADDRESS				
CITY-ST-ZIP	TAMPA FL			2 4 01	1Y-S	1 - 7 IP				
TOLE	VSTD		DELETE	3 1 1 11	l E				Change	Addition
NAME	CUDDEBACK, GEORGE A.			3.2 NA	MΕ					
STREET ADDRESS	15619 PREMIERE DR.			3.3 ST(RECT A	ADDRESS				
CITY-ST-ZIP	TAMPA FL			3.4. CI	1Y-\$1	1-7IP				
TITLE	<u>V</u>		DELETE	4.1 TIT			·		Change	Addition
NAME	TRAZYK, STEVEN M			4 2 NA	ME					
STREET ADDRESS	15619 PREMIERE DRIVE, STE. 1	104				ADDRESS				
CITY-ST-ZIP	TAMPA FL		Druese	4.4 CIT		· ZiP			<u> </u>	
TOLE			DETELE	5.1 111				11	L.J Uhange	Addition
NAME				5.2 NAI				4/	1/1	$\langle \gamma \rangle = 1$
STREET ADDRESS				1		DDRESS		VI	′ /	
CITY-ST-ZIP			DECETE	5 4 CH		· 7(P		· · · · · · · · · · · · · · · · · · ·	-" "}	
TITLE			DELETE	617(1)			20000240	Jim €∯. OO O	r <u>t 1 bilange</u> Olo	Addition
NAME				G.2 NA			-01/21/98010	პპ=-Ui	<u>ದ</u> ಚ	
STREET ADDRESS				6351	REL A	IDDRESS	***150 . 00			

14. Thereby 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 supplicmental 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 occiver or Inside employment 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.