

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 # S45479

1. Corporation Name

OMNI REALTY GROUP, INC.

Principal Place of Business

~~15619 PREMIERE DRIVE  
SUITE 104  
TAMPA FL 33624~~

Mailing Address

15619 PREMIERE DRIVE  
SUITE 104  
TAMPA FL 33624

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

04-26-1999 90187 015 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/16/1991

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

JOHNSON, GREGORY G.  
~~15619 PREMIERE DRIVE~~ 600 CLEVELAND ST.  
~~SUITE 104~~ SUITE 760  
~~TAMPA FL 33624~~ CLEARWATER, FL 33755

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 607.0501 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 title if applicable

(NO E: Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME JOHNSON, GREGORY G.  
STREET ADDRESS 15619 PREMIERE DR.  
CITY-STATE-ZIP TAMPA FL ☒ DELETE

TITLE AS  
NAME PAULIN, SUSAN  
STREET ADDRESS 15619 PREMIERE DR STE 104  
CITY-STATE-ZIP TAMPA FL ☒ DELETE

TITLE VSTD  
NAME CUDEBACK, GEORGE A.  
STREET ADDRESS 15619 PREMIERE DR.  
CITY-STATE-ZIP TAMPA FL ☒ DELETE

TITLE V  
NAME TRAZYK, STEVEN M  
STREET ADDRESS 15619 PREMIERE DRIVE, STE. 104  
CITY-STATE-ZIP TAMPA FL ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD  
1.2 NAME JOHNSON, GREGORY G.  
1.3 STREET ADDRESS 600 CLEVELAND STREET, SUITE 760  
1.4 CITY-STATE-ZIP CLEARWATER, FL 33755 ☒ Change ☐ Addition

2.1 TITLE AS  
2.2 NAME THELMA L. JOHNSON  
2.3 STREET ADDRESS 600 CLEVELAND STREET, SUITE 760  
2.4 CITY-STATE-ZIP CLEARWATER, FL 33755 ☒ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP ☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP ☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/99

727-560-0225  
Daytime Phone #

CR2E034 (11/98)