

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

FILED

Feb 24 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # S69983

(2)

1. Corporation Name  
OMNISCIENCE, INC.

Principal Place of Business

4164 SE 66 LANE  
DAVIE FL 33314  
US

Mailing Address

P O BOX 280681  
DAVIE FL 33329-0681



3. Date Incorporated or Qualified 07/26/1991  
3a. Date of Last Report 04/18/1996

2. Principal Place of Business

21 836 ORCHID DRIVE  
Suite, Apt. #, etc.

2a. Mailing Address

26 836 ORCHID DRIVE  
Suite, Apt. #, etc.

4. FEI Number

65-0274361

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 s. 199.032,  
Florida Statutes ☐ Yes ☐ No

City & State

23 PLANTATION FL  
Zip Country

City & State

28 PLANTATION FL  
Zip Country

24 33317

25 USA

29 33317

30 USA

9. Name and Address of Current Registered Agent

ROCUS, DUWAYNE M.  
4164 SW 66 LANE  
DAVIE FL 33314

10. Name and Address of New Registered Agent

81 Name DUWAYNE M. ROCUS  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 836 ORCHID DRIVE  
84 City PLANTATION FL 85 Zip Code 33317

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DVP	<input type="checkbox"/> DELETE
NAME	ROCUS, DUWAYNE M	
STREET ADDRESS	4164 SW 66 LN	
CITY - ST - ZIP	DAVIE FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	ROCUS, DENISE S.	
STREET ADDRESS	4164 SW 66 LANE	
CITY - ST - ZIP	DAVIE FL	
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	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DUWAYNE M. ROCUS	
1.3 STREET ADDRESS	836 ORCHID DRIVE	
1.4 CITY - ST - ZIP	PLANTATION, FL 33317	
2.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DENISE S. ROCUS	
2.3 STREET ADDRESS	836 ORCHID DRIVE	
2.4 CITY - ST - ZIP	PLANTATION, FL 33317	
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 do 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.

SIGNATURE:

*Duwayne M. Rocus*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-97

954-584-2949

Date Day: nie P: one #

CR2E034 (9/96)