

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S71903 (6)

1. Corporation Name

OMKARA SHANTI, INC.



Principal Place of Business

Mailing Address

151 RIVERSIDE DR
BOX 6-7
CAPE CANAVERAL FL 32920
US

151 RIVERSIDE DR
BOX 6-7
CAPE CANAVERAL FL 32920
US

3. Date Incorporated or Qualified 08/01/1991	3a. Date of Last Report 08/01/1995
4. FEI Number 65-0284989	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 12850 ST. RD. 84	26 12850 ST. RD. 84
22 Suite, Apt. #, etc #6-7	27 Suite, Apt. #, etc #6-7
23 City & State DAVIE, FL	28 City & State DAVIE, FL
24 Zip 33325	29 Zip 33325
25 Country USA	30 Country USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARRIS, VICTOR B
151 RIVERSIDE DR
BOX 6-7
CAPE CANAVERAL FL 32920

81 Name Stacey Stevens	82 Street Address (P.O. Box Number is Not Acceptable) 12850 ST. RD. 84-
83 #6-7	84 City DAVIE
85 Zip Code 33325	FL

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

Stacey Stevens

(NOTE: Registered Agent's signature required when reinstating)

7/31/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME STEVENS, SUZI R.	1.1 TITLE PD	1.2 NAME STEVENS, SUZI R.
STREET ADDRESS 151 RIVERSIDE DR	CITY-ST-ZIP CAPE CANAVERAL FL	1.3 STREET ADDRESS 12850 ST. RD 84-#6-7	1.4 CITY-ST-ZIP DAVIE, FL. 33325
TITLE VST	NAME HARRIS, VICTOR B	2.1 TITLE VST	2.2 NAME STEVENS, STACEY R.
STREET ADDRESS 1514 RIVERSIDE DR	CITY-ST-ZIP CAPE CANAVERAL FL	2.3 STREET ADDRESS 12850 ST. RD 84-#6-7	2.4 CITY-ST-ZIP DAVIE, FL. 33325
TITLE D	NAME HARRIS, VICTOR B	3.1 TITLE D	3.2 NAME STEVENS, STACEY R.
STREET ADDRESS 151 RIVERSIDE DR	CITY-ST-ZIP CAPE CANAVERLA FL	3.3 STREET ADDRESS 12850 ST. RD 84-#6-7	3.4 CITY-ST-ZIP DAVIE, FL. 33325
TITLE	NAME	4.1 TITLE	4.2 NAME
STREET ADDRESS	CITY-ST-ZIP	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS	CITY-ST-ZIP	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS	CITY-ST-ZIP	6.3 STREET ADDRESS	6.4 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 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Suzi R. Stevens
Suzi R. Stevens - President

7/25/96 954 452-5076

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)