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Jan 29, 1999 8:00am
Secretary of State

01-29-1999 90025 035 *****150.00



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S91641					
1. Corporation Name OMNI MANAGEMENT CORPORATION					
Principal Place of Business 3201 N.W. 4TH TERR #69 POMPANO BEACH FL 33064 US			Mailing Address 3201 N.W. 4TH TERR #69 POMPANO BEACH FL 33064 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		11/04/1991	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0293093	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24		29		8	
Country		Country		30	
25		30		9. Name and Address of Current Registered Agent	
26		31		10. Name and Address of New Registered Agent	
27		32		81 Name	
28		33		82 Street Address (P.O. Box Number is Not Acceptable)	
29		34		83	
30		35		84 City	
31		36		85 Zip Code	
32		37		FL	
33		38		Zip Code	
34		39		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.	
35		40		12. OFFICERS AND DIRECTORS	
36		41		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
37		42		1.1 TITLE	
38		43		1.2 NAME	
39		44		1.3 STREET ADDRESS	
40		45		1.4 CITY-ST-ZIP	
41		46		2.1 TITLE	
42		47		2.2 NAME	
43		48		2.3 STREET ADDRESS	
44		49		2.4 CITY-ST-ZIP	
45		50		3.1 TITLE	
46		51		3.2 NAME	
47		52		3.3 STREET ADDRESS	
48		53		3.4 CITY-ST-ZIP	
49		54		4.1 TITLE	
50		55		4.2 NAME	
51		56		4.3 STREET ADDRESS	
52		57		4.4 CITY-ST-ZIP	
53		58		5.1 TITLE	
54		59		5.2 NAME	
55		60		5.3 STREET ADDRESS	
56		61		5.4 CITY-ST-ZIP	
57		62		6.1 TITLE	
58		63		6.2 NAME	
59		64		6.3 STREET ADDRESS	
60		65		6.4 CITY-ST-ZIP	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #