


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 19 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 # V17440 (1)					
1. Corporation Name OMNI SERVICES CORPORATION					
Principal Place of Business 11090 MANDARIN STATION DR E JACKSONVILLE FL 32257			Mailing Address 11090 MANDARIN STATION DR E JACKSONVILLE FL 32257		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/27/1992	
21 9802 BAYMEADOWS RD.		26 9802 BAYMEADOWS RD.		3a. Date of Last Report 04/19/1996	
Suite, Apt. #, etc. 22 SUITE 12 # 162		Suite, Apt. #, etc. 27 SUITE 12 # 162		4. FEI Number 59-3106557	
City & State 23 JACKSONVILLE, FL.		City & State 28 JACKSONVILLE, FL.		Applied For Not Applicable	
Zip 24 32256		Country 25 FLORIDA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
29 32256		30 FLORIDA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent CAPPS, CHARLES PARKER 11090 MANDARIN STATION DRIVE E JACKSONVILLE FL 32257				10. Name and Address of New Registered Agent	
				81 Name JOHN C. MORTON	
				82 Street Address (P.O. Box Number is Not Acceptable) 5318 THROUGHbred BLVD.	
				83	
				84 City JACKSONVILLE	
				85 Zip Code FL 32257	
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 <i>John C. Morton</i> JOHN C. MORTON 9-10-97					
(NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE OFFICER					
1.2 NAME JOHN C. MORTON					
1.3 STREET ADDRESS 5318 THROUGHbred BLVD.					
1.4 CITY - ST - ZIP JACKSONVILLE, FL. 32257					
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY - ST - ZIP					
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.

CR2E034 (4/97)