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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **G61266** **(4)**

1. Corporation Name

ALOMEGA, INC.

Principal Place of Business	Mailing Address
4711 BABCOCK ST. N.E. #10 PALM BAY FL 32905-2805 US	4711 BABCOCK ST. N.E. #10 PALM BAY FL 32905-2805 US

3. Date Incorporated or Qualified: 09/26/1983

3a. Date of Last Report: 01/13/1995

4. FEI Number: 59-2325706 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 1724 BARKER St. N.E.	26 1724 BARKER St. N.E.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: PALM BAY FL	28 City & State: PALM BAY FL
24 Zip: 32907-2479 25 Country: U.S.A.	29 Zip: 32907-2479 30 Country: USA

9. Name and Address of Current Registered Agent

LUNIW, GEORGE
1297 CIMARRON CIR., N.E.
PALM BAY FL 32905

10. Name and Address of New Registered Agent

81 Name: GEORGE LUNIW
82 Street Address (P.O. Box Number is Not Acceptable): 1724 BARKER ST. N.E.
83
84 City: PALM BAY FL 85 Zip Code: 32907-2479

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT LUNIW, GEORGE 1297 CIMARRON CIR., N.E. PALM BAY FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PTV LUNIW, GEORGE 1724 BARKER ST. N.E. PALM BAY, FL 32907-2479	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V LUNIW, HAWRYLO DECEASED 1768 BARKER ST. NE PALM BAY, FL 00000	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	S LUNIW, HELEN 1768 BARKER ST. N.E. PALM BAY, FL 32907-2479	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LUNIW, HELEN 1768 BARKER ST. NE PALM BAY, FL 00000	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: George Luniw 5-6-96 407-724-1472
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #