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May 14 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 # **G61266** **(4)**

1. Corporation Name
ALOMEGA, INC.

Principal Place of Business	Mailing Address
1724 BARKER ST. NE #10 PALM BAY 32 32907-479 US	1724 BARKER ST. NE #10 PALM BAY 32 32907-2479 US

3. Date Incorporated or Qualified: **09/26/1983**
3a. Date of Last Report: **05/09/1996**

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 1768 Barker St. N.E.	26 1768 Barker St. N.E.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Palm Bay FL	City & State 28 Palm Bay, FL
Zip 24 32907-247	Zip 29 32907-2479
Country 25 USA	Country 30 USA

9. Name and Address of Current Registered Agent

LUNIW, GEORGE
1724 BARKER ST. NE
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): 1768 Barker St. N.E.
83
84 City: Palm Bay **FL** 85 Zip Code: 32907

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	PTV	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	LUNIW, GEORGE		1.2 NAME	
STREET ADDRESS	1724 BARKER ST. NE		1.3 STREET ADDRESS	1768 BARKER St. NE.
CITY-ST-ZIP	PALM BAY FL		1.4 CITY-ST-ZIP	PALM BAY, FL 32907-2479
TITLE	S	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	LUNIW, HELEN		2.2 NAME	
STREET ADDRESS	1768 BARKER ST. NE		2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY 79		2.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	LUNIW, HELEN		3.2 NAME	
STREET ADDRESS	1768 BARKER ST. NE		3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY, FL 00000		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: SIGNATURE REQUIRED Georges Luniw 4-29-97 407-724-1422
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #