1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N46738

1. Corporation Name

ALPHA OMEGA MIRACLE HOME, INC.

Principal Place of Busin
110 PARK AVE
HASTINGS FL 32145

Mailing Address

FILED Mar 02, 1999 8:00 am § Secretary of State

03-02-1999 90093 025 ****61.25



110 PARK AVE P.O. BOX 250 HASTINGS FL 32145 US HASTINGS FL 32145								
	lace of Business	2a. Mailing Address			3. Date Incorporated or Qualifed 01/06/1992			
Suite, Apt.	# vetc -	26 Suite, Apt. #, etc		_	- 4. FEI Number		plied For	
22	#, 0 10. –	27			65-0318958	N	ot Applicable	
City & State	e	City & State			5. Certifcate of Status Desired		Additional equired	
Zip	Country	Zip	Country	,	6. Election Campaign Financing	\$5.00	May Be	
24	25 29 30				Trust Fund Contribution		to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
			81	Name				
FRANKLIN, LISA				82 Street Address (P.O. Box Number is Not Acceptable)				
132 GENTIAN RD			"	Diroct				
ST. AUGUSTINE FL 32806			83				}	
			84	City		FL 85 Zip	Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes. SIGNATURE								
_	Signature, typed or printed name of registered agent of			nt signature r	equired when reinstating)	DATE	DDC IN 12	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFF	CERS AND DIRECT	Addition	
TILE	PD	☐ DELETE	1,1 TITLE			[_] cuange	L Addition	
NAME	FRANKLIN, LISA C.		1.2 NAME		•	•]	
STREET ADDRESS	132 GENTIAN RD			TADORESS			Į.	
CITY-ST-ZIP	ST AUGUSTINE FL 32086	DELETE	1.4 CITY-S	T-ZIP		☐ Change	Addition	
TITLE	VD	DELOCCCIE	2.1 TITLE					
NAME	HERSEY, SANDRA D.		2.2 NAME					
STREET ADDRESS	7857 US 1 SO RD			TADDRESS	•			
CITY-ST-ZIP	ST AUGUSTINE FL 32086	DELETE	2. 4 CITY-5	SI-ZIP	· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition	
TITLE	SD STENDOOF BUONDA	C) Deterie	3.1 MLE					
NAME	STENROSE, RHONDA 3070 HARBOR DR			TADDRESS				
STREET ADDRESS	ST AUGUSTINE FL 32095		3.4, CITY-5					
CITY-ST-ZIP	DT	DELETE	4.1 TITLE	31-211		☐ Change	☐ Addition	
NAME	PACETTI, JACK	_	4. 2 NAME					
STREET ADDRESS	2760 US1 SO		4.3 STREE	TADDRESS				
CITY-ST-ZIP	ST. AUGUSTINE FL 32086		4.4 CITY-S					
TITLE	-6	☐ DELETE	5.1 TITLE		DT 2. 1.11	☐ Change	Addition	
NAME	7		5.2 NAME		Julie Randall 88 Marshside Dr	•_	-	
STREET ADDRESS			5.3 STREE	TADDRESS	88 marshside Di	1 2-201		
CITY-ST-ZIP			5.4 CITY-S		St. AUGUSTING FI	1 52084 _		
TITLE		☐ DELETE	6.1 TITLE	P	KEN GREEN,	☐ Change	Addition	
NAME			6.2 NAME	i	St. AUGUSTING, FI KEN GREEN 114 ANDERA ST			
STREET ADDRESS			6.3 STREE	TADDRESS	STAUGUSTINE FL 3	2086		
CITY-ST-ZIP			6.4 CITY-S	T-ZIP	DIAMANIAC VE 3		1	

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: