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	FILE NOW: FILIN	NG FEE IS \$61.25	IXI	$\Psi V U$	llO				
COF	IONPROFIT PROPARTION UAL REPORT  1999  FLORIDA DEPARTMENT OF STAT  Katherine Harris  Secretary of State  DIVISION OF CORPORATIONS								
DOCUMENT # N 46 738'  1. Corporation Name					99 (11) 11 0:00				
ALPHA-OMEGA MIRACLE HOME, INC.					TALLAHAS LEGI LONIDA				
Principal Place of Business Mailing Address									
							_		
2. Principal Place of Business 21. P.O. Box 250 22. Mailing Address 23. Mailing Address 24. Mailing Address 25. P.O. Box 250						3. Date Incorporated or Qualifed JAN しい992			
Suite, Apt. #, etc. Suite, Apt. #, etc.						4. FEI Number 65-03/8958	<b>├</b> ── <del>†</del> ──	oplied For	
22   27   City & State   City & City & State   City & C						5. Certificate of Status Desired	\$8.75	ot Applicable Additional	
Zip Country Zip				γ		6 Flection Campaign Financing	Fee R	equired May Be	
24 32	9. Name and Address of Current I	29 32145 3	ک ہ	T. Joh.	ns	Trust Fund Contribution  10. Name and Address of New Regis	Added	to Fees	
1,04		A Brain A Marin	8	1 Name		10. Hallo alla Addiess of flow hogis	tered Agont		
LISA FRANKLIN				82 Street Address (P.O. Box Number is Not Acceptable)					
132 Gentian Rd				3					
St. Augustine, FL 32.086				4 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 ( ) 3-16"99									
SIGNATURE	Stonature, typed or printed name of registered agent a	nd title if applicable (NOTE: Re	egistered Ag		required w	hen reinslating) D.	ĀTE		
12.	P/D OFFICERS AND	DIRECTORS DELETE	13.		Τ	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	DRS IN 12	
NAME	LISA C. FRANKL	<del></del>	1.2 NAME						
STREET ADDRESS			L .	ET ADDRESS					
CITY-ST-ZIP TITLE	ST Augustine FC	32-86 DELETE	1.4 CITY- 2.1 TITLE		177	<u> </u>	☐ Change	TPT Addition	
NAME	SANDRA D. HERSE)		22 NAME		\ \/\ <sup>4</sup>	KATHY ANN JONES SII GERONA RD		E.J. Hadron	
STREET ADDRESS	ADDRESS 105 SEMINICIO RO			ET ADDRESS		SII GERONA RD			
CITY-ST-ZIP	ST. AYGUSTINE, FC. 32086 20		2.4 CITY	-ST-ZIP		STAUGUSTINE, FL 320	Change □	☐ Addition	
NAME	PONNA D. TURLINGTON POELETE  ADDRESS 140 LOBELLIA RD  32						C) Grange		
STREET ADDRESS	DRESS 140 LOBELLIA KU		3.3 STRE	ET ADDRESS					
CITY-ST-ZIP	ST. AUGUSTINE, F. RHONDA STENROSE	L. S208€ □ DELETE	3.4. CITY- 4.1 TITLE	ST-ZIP	-		Change	☐ Addition	
NAME	KHONDA STENKOSE 3070 HANGON DRIVE	□ betere	4. 2 NAME			<b>4000029</b> 3 -06/21/93	1 1 1 3 4	<b></b> _ <b>1</b>	
STREET ADDRESS	ET ADDRESS 4			ET ADDRESS		-06/21/99 *****61.	9UII49 *****	UU4 Ci >3C	
CITY-ST-ZIP ST AUGUSTIAN FC 32095			4.4 CITY-	ST-ZIP		क्रकरूक्। ,		O1. CV	
NAME 52			5.1 TITLE 5.2 NAME				☐ Change	Addition	
STREET ADDRESS	114 HNDORA ST		5.3 STRE	ET ADDRESS					
CITY-ST-ZIP St Augustine FL 32086 540			5.4 CITY-	ST-ZIP	ļ				
TITLE T   D	D V J. TACOTTI		6.1 TITLE 6.2 NAME			. TQ	☐ Change	Addition	
STREET ADDRESS	ADDRESS (+ Augustus FC - 63			ET ADDRESS	1	r 10			
CITY-ST-ZIP	CITY-ST-ZIP 32056 64			ST-ZIP		Hapman.			
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 cath; 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 chapted, or on an attachment with an address, with all other like empowered.									

SIGNATURE: SIGNA