

FILE NOW: FILING FEE IS \$61.25 *Amended*

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N46738**  
 1. Corporation Name  
**ALPHA-OMEGA MIRACLE HOME, INC.**

99 JUN 11 AM 9:00  
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

21. P.O. Box 250	22. Suite, Apt. #, etc.	23. City & State: <b>HASTINGS, FL</b>	24. Zip: <b>32145</b>	25. Country: <b>ST. Johns</b>	26. P.O. Box 250	27. Suite, Apt. #, etc.	28. City & State: <b>HASTINGS, FL</b>	29. Zip: <b>32145</b>	30. Country: <b>ST. Johns</b>	3. Date Incorporated or Qualified: <b>JAN 6, 1992</b>	4. FEI Number: <b>65-0318958</b>	Applied For: <input type="checkbox"/>	Not Applicable: <input type="checkbox"/>
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9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
<b>LISA FRANKLIN</b> <b>132 Gentian Rd</b> <b>St. Augustine, FL 32086</b>					81. Name				
					82. Street Address (P.O. Box Number is Not Acceptable)				
					83.				
					84. City	<b>FL</b>	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: *Lisa Franklin* **LISA FRANKLIN** DATE: **3-16-99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P/D	NAME: LISA C. FRANKLIN	1.1 TITLE:	1.2 NAME:
STREET ADDRESS: 132 GENTIAN RD	CITY-ST-ZIP: ST AUGUSTINE, FL 32086	1.3 STREET ADDRESS:	1.4 CITY-ST-ZIP:
TITLE: V/D	NAME: SANDRA P. HERSEY	2.1 TITLE:	2.2 NAME:
STREET ADDRESS: 105 SEMINOLE RD	CITY-ST-ZIP: ST AUGUSTINE, FL 32086	2.3 STREET ADDRESS:	2.4 CITY-ST-ZIP:
TITLE: P	NAME: DONNA D. TURLINGTON	3.1 TITLE:	3.2 NAME:
STREET ADDRESS: 140 LOBELLIA RD	CITY-ST-ZIP: ST AUGUSTINE, FL 32086	3.3 STREET ADDRESS:	3.4 CITY-ST-ZIP:
TITLE: S/D	NAME: RHONDA STENROSE	4.1 TITLE:	4.2 NAME:
STREET ADDRESS: 3070 HANSON DRIVE	CITY-ST-ZIP: ST AUGUSTINE, FL 32095	4.3 STREET ADDRESS:	4.4 CITY-ST-ZIP:
TITLE: D	NAME: KEN GREEN	5.1 TITLE:	5.2 NAME:
STREET ADDRESS: 114 ANDRAA ST	CITY-ST-ZIP: ST AUGUSTINE, FL 32086	5.3 STREET ADDRESS:	5.4 CITY-ST-ZIP:
TITLE: T/D	NAME: R.J. PACETTI	6.1 TITLE:	6.2 NAME:
STREET ADDRESS: 2760 US 1 So.	CITY-ST-ZIP: ST AUGUSTINE, FL 32086	6.3 STREET ADDRESS:	6.4 CITY-ST-ZIP:

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: *Lisa Franklin* **LISA FRANKLIN** DATE: **3-16-99**

CR2E037 (1/198)