

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

RECEIVED
 MAR 19 PM 12:17
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

DOCUMENT # K13481
 1. Corporation Name

Omicron Technologies, Inc.

Principal Place of Business

1110 Brickell Avenue
 Suite 430
 Miami, FL 33131 U.S.

Mailing Address

1310 N. State Street
 Suite 100
 Bellingham, WA 98225
 U.S.

2. Principal Place of Business

21 Suite, Apt. #, etc.
 22 City & State
 23 Zip
 24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.
 27 City & State
 28 Zip
 29 Country

9. Name and Address of Current Registered Agent

CT Corporation System
 1200 South Pine Island Road
 Plantation, FL 33324 U.S.

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 85 Zip Code
FL

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

Signature, typed or printed name of registered agent, as per 607.0505

(NOTE: Registered Agent must be a resident of the State)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12 TITLE [] DELETE
 NAME **PD Mark J Bryn**
 STREET ADDRESS **Two South Biscayne Blvd, #3599**
 CITY-ST-ZIP **Miami, FL 33131**
 TITLE [] DELETE
 NAME [] DELETE
 STREET ADDRESS [] DELETE
 CITY-ST-ZIP [] DELETE
 TITLE [] DELETE
 NAME [] DELETE
 STREET ADDRESS [] DELETE
 CITY-ST-ZIP [] DELETE
 TITLE [] DELETE
 NAME [] DELETE
 STREET ADDRESS [] DELETE
 CITY-ST-ZIP [] DELETE

13 TITLE [] DELETE
 NAME [] DELETE
 STREET ADDRESS [] DELETE
 CITY-ST-ZIP [] DELETE
 TITLE [] DELETE
 NAME [] DELETE
 STREET ADDRESS [] DELETE
 CITY-ST-ZIP [] DELETE
 TITLE [] DELETE
 NAME [] DELETE
 STREET ADDRESS [] DELETE
 CITY-ST-ZIP [] DELETE

PD **Barrett Sleeman**
 1310 N. State Street, Suite 100
 Bellingham, WA 98225
 STA [] Change [] Addition
David Naylor
 1310 N. State Street, Suite 100
 Bellingham, WA 98225
 [] Change [] Addition
Chris Foster
 1310 N. State Street, Suite 100
 Bellingham, WA 98225
 [] Change [] Addition
800002820448--7
-03/26/99--01104--010
******167.50 ****167.50**
 [] Change [] Addition

JB
 3-18-99

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9), Florida Statutes. I further certify that I am an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 117, 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 fee payments.

SIGNATURE: *Barrett Sleeman* Barrett Sleeman, Mar.12/99, 877-903-2288

CR2E034 (1/98)