

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 US

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

DO NOT WRITE IN THIS SPACE

- 3. Date Incorporated or Qualified: **02/02/1988**
- 4. FEI Number: **65-0032447** Applied For Not Applicable
- 5. Certificate of Status Desired: **(2)** **\$8.75** Additional Fee Required
- 6. Election Campaign Financing Trust Fund Contribution: **\$5.00** May Be Added to Fees
- 8. This corporation owes the current year Intangible Personal Property Tax: Yes No

| | |
|----|----|
| 21 | 2a |
| 22 | 2b |
| 23 | 2c |
| 24 | 2d |
| 25 | 2e |

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 | City |
| 84 | City |
| 85 | Zip Code |

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 applicable statute

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

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | | | |
|----|-------|-------------|--------------------------------|-----------------|
| 12 | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
| | | Mark J Bryn | Two South Biscayne Blvd, #3599 | Miami, FL 33131 |
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|----|-------|-----------------|---------------------------------|----------------------|
| 13 | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
| | | Barrett Sleeman | 1310 N. State Street, Suite 100 | Bellingham, WA 98225 |
| | | David Naylor | 1310 N. State Street, Suite 100 | Bellingham, WA 98225 |
| | | Chris Foster | 1310 N. State Street, Suite 100 | Bellingham, WA 98225 |
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******167.50 ****167.50**

Handwritten initials and date:
 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 or 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 (11/98)