/V04000010044

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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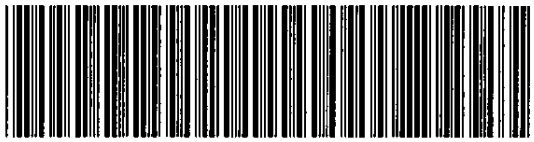

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: OMEGA ASSOCIATES, INC.
(Name of Corporation)

DOCUMENT NUMBER: N04000010044

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

THOMAS C. HARDY
(Name of Person)

OMEGA ASSOCIATES, INC.
(Name of Firm/Company)

706 RADCLIFF AVE.
(Address)

LYNN HAVEN, FL. 32444-3039
(City/State and Zip Code)

For further information concerning this matter, please call:

JANET M. HARDY (Name of Person) at (850) 265-4914 (Area Code & Daytime Telephone Number)

Enclosed is a check for $35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION

I, STEVEN M. GERLECZ, DDS, hereby resign as DIRECTOR
(Title)

of OMEGA ASSOCIATES, INC.
(Name of Corporation)

N04000010044
(Document Number, if known), a corporation organized under the laws of the State of

FLORIDA.

(Signature of resigning officer/director)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE IS $35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314