

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 17 1996 8:00 am
Secretary of State

DOCUMENT # 622184 (0)

1. Corporation Name
OMEGA INSURANCE COMPANY



Principal Place of Business: **645 RIVERSIDE AVE. SUITE 619 P.O. BOX 41605 JACKSONVILLE FL 32203**
Mailing Address: **645 RIVERSIDE AVE. SUITE 619 P.O. BOX 41605 JACKSONVILLE FL 32203**

3. Date Incorporated or Qualified: **05/18/1979** 3a. Date of Last Report: **04/26/1995**
4. FEI Number: **59-1906611** Applied For: Not Applicable:
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent:
INSURANCE COMMISSIONER STATE OF FLORIDA, CAPITOL BLDG. TALLAHASSEE FL 32304

10. Name and Address of New Registered Agent:
81 Name: _____
82 Street Address (P.O. Box Number is Not Acceptable): _____
83 _____
84 City: _____ FL 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: _____ (Date: _____)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	TERRY, C. HERMAN	
STREET ADDRESS	1301 GULF LIFE DRIVE, 2216	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	KYLE, WILLIAM L., JR.	
STREET ADDRESS	4250 LAKESIDE DRIVE, 304	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	CPT	<input type="checkbox"/> DELETE
NAME	WINSTON, JAMES HORNER	
STREET ADDRESS	645 RIVERSIDE, STE 619	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	JONES, LYNELL M.	
STREET ADDRESS	645 RIVERSIDE, STE 619	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SHIVELY, WILLIAM J	
STREET ADDRESS	7208 W UNIVERSITY AVENUE	
CITY - ST - ZIP	GAINESVILLE FL 32607	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCRAE, WALTER A JR	
STREET ADDRESS	1725 MEMORIAL PARK DRIVE	
CITY - ST - ZIP	JACKSONVILLE FL 32204	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME	Mary Burgman Winston	
3. STREET ADDRESS	645 Riverside Ave., Ste. 619	
4. CITY - ST - ZIP	Jacksonville, FL 32204	
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		
7. STREET ADDRESS		
8. CITY - ST - ZIP		
9. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		
11. STREET ADDRESS		
12. CITY - ST - ZIP		
13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		
15. STREET ADDRESS		
16. CITY - ST - ZIP		
17. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		
19. STREET ADDRESS		
20. CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lynell M. Jones **Lynell M. Jones**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/96 (904) 358-2625
DATE TIME PHONE #

CR2E034 (12/95)