


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

**FILED**  
**Jan 15 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 622184 (0)**

1. Corporation Name  
**OMEGA INSURANCE COMPANY**



Principal Place of Business <b>645 RIVERSIDE AVE. SUITE 619                  P.O. BOX 41605                  JACKSONVILLE FL 32203</b>	Mailing Address <b>645 RIVERSIDE AVE. SUITE 619                  P.O. BOX 41605                  JACKSONVILLE FL 32203</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**05/18/1979**

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

4. FEI Number <b>59-1906611</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Mary Burgman Winston</b>	
1.3 STREET ADDRESS	<b>645 Riverside Avenue, Suite 619</b>	
1.4 CITY-ST-ZIP	<b>Jacksonville, FL 32204</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: *Dorrell M. Jones* *Lynell M. Jones* **1/16/98** (407) 250-2625

CR2E034 (10/97)