FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 3:45

DOCUMENT # **F93000004372 (9)**

1. Corporation Name
ESSI OMEGA, INC.

Principal Place of Business	Mailing Address
P.O. BOX 3005 BOTHELL WA 98041-3005	P.O. BOX 3005 BOTHELL WA 98041-3005

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **09/27/1993**
3a. Date of Last Report: **03/25/1994**

2. Principal Place of Business	2a. Mailing Address
21 2999 ALL AMERICAN BLVD	26 2999 ALL AMERICAN
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 ORLANDO, FL	City & State 28 ORLANDO, FL
Zip 24 32810 Country 25 ORANGE	Zip 29 32810 Country 30 ORANGE

4. FEI Number: **91-1610612** ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HIQ CORPORATE SERVICES, INC. 526 EAST PARK AVENUE SUITE 200 TALLAHASSEE FL 32301	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
(Signature, Typed or Printed name of Registered Agent and the Date Signed) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	KRAVITZ, DAVID C	12 NAME	
STREET ADDRESS	19805 N. CREEK PARKWAY	13 STREET ADDRESS	
CITY ST ZIP	BOTHELL WA 98041	14 CITY ST ZIP	
TITLE	DT	21 TITLE	☒ Change ☐ Addition
NAME	~~CULLY, GARY~~	22 NAME	BRAD AWELL
STREET ADDRESS	19805 N. CREEK PARKWAY	23 STREET ADDRESS	
CITY ST ZIP	BOTHELL WA 98041	24 CITY ST ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	DECKER, SONJA G	32 NAME	
STREET ADDRESS	19805 N. CREEK PARKWAY	33 STREET ADDRESS	
CITY ST ZIP	BOTHELL WA 98041	34 CITY ST ZIP	
TITLE	D	41 TITLE	☒ Change ☐ Addition
NAME	~~KAZAKIS, WILLIAM M~~	42 NAME	MIKE GURR
STREET ADDRESS	2999 ALL AMERICAN BLVD	43 STREET ADDRESS	
CITY ST ZIP	ORLANDO FL 32810	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	MCFADDEN, JOSEPH M	52 NAME	
STREET ADDRESS	2999 ALL AMERICAN BLVD	53 STREET ADDRESS	
CITY ST ZIP	ORLANDO FL 32810	54 CITY ST ZIP	
TITLE	S	61 TITLE	☒ Change ☐ Addition
NAME	~~TAYLOR, JAMES R~~	62 NAME	[redacted]
STREET ADDRESS	2999 ALL AMERICAN BLVD OKAY	63 STREET ADDRESS	
CITY ST ZIP	ORLANDO FL 32810	64 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)(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 on an attachment with an address.

SIGNATURE: [signature] 4/4/95 407-438-1111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0402100 FP