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 FEB 24 PM 3:47

DOCUMENT # F93000005694 (5)

1. Corporation Name

TECNIFLO OMEGA, INC.

Principal Place of Business	Mailing Address
3251 46 AVE N ST PETERSBURG FL 33714 US	3251 46 AVE N ST PETERSBURG FL 33714 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/15/1993
3a. Date of Last Report: 03/29/1994

4. FEI Number: 91-1619215 — [ ] Applied For [ ] Not Applicable

2. Principal Place of Business — 21 / Suite, Apt. #, etc. 22 / City & State 23 / Zip 24 / Country 25

2a. Mailing Address — 26 / Suite, Apt. #, etc. 27 / City & State 28 / Zip 29 / Country 30

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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes [X] Yes [ ] No

9. Name and Address of Current Registered Agent

HIQ CORPORATE SERVICES, INC.
526 EAST PARK AVENUE
SUITE 200
TALLAHASSEE FL 32301

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		[ ] Change [ ] Addition
NAME	CLEMONS, ARTHUR J	12 NAME		
STREET ADDRESS	7915 HARWOOD RD	13 STREET ADDRESS		
CITY ST ZIP	SEMINOLE FL	14 CITY ST ZIP		
TITLE	T	21 TITLE	TD	[X] Change [ ] Addition
NAME	CULLY, GARY M	22 NAME	Dan E. Steigerwald	
STREET ADDRESS	19805 N. CREEK HWY.	23 STREET ADDRESS	19805 N. Creek Hwy	
CITY ST ZIP	BOTHELL WA	24 CITY ST ZIP	Bothell, WA	
TITLE	SD	31 TITLE	VSD	[X] Change [ ] Addition
NAME	DAY, GARY W	32 NAME	Gary W. Day	
STREET ADDRESS	668 SEDGEWICK WAY	33 STREET ADDRESS	668 Sedgewick way	
CITY ST ZIP	PALM HARBOR FL	34 CITY ST ZIP	Palm Harbor, FL	
TITLE	D	41 TITLE	D	[X] Change [ ] Addition
NAME	MAHER, VALERIE	42 NAME	David C. Kravitz	
STREET ADDRESS	19805 N. CREEK PKY.	43 STREET ADDRESS	19805 N. Creek Hwy	
CITY ST ZIP	BOTHELL WA	44 CITY ST ZIP	Bothell, WA	
TITLE		51 TITLE	P	[ ] Change [X] Addition
NAME		52 NAME	Bradley S. Powell	
STREET ADDRESS		53 STREET ADDRESS	19805 N. Creek Hwy	
CITY ST ZIP		54 CITY ST ZIP	Bothell, WA	
TITLE		61 TITLE		[ ] Change [ ] Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		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(1)(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: Gary W. Day — Gary W. Day — 2/20/95 — (813) 528 0805
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0011393 CP