

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

**APPROVED
AND
FILED**

95 APR 11 PM 3:03

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # H07501

(0)

1. Corporation Name

OMEGA CONSULTING, INC.

Principal Place of Business

**222 S. WESTMONTE DRIVE
204
ALTAMONTE SPRINGS FL 32714
US**

Mailing Address

**222 S. WESTMONTE DRIVE
204
ALTAMONTE SPRINGS FL 32714
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/12/1984

3a. Date of Last Report

04/27/1994

4. FEI Number

59-2458399

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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KAPLAN, ERIC J
2 S BISCAYNE BLVD
SUITE 3100
MIAMI FL 33131**

81 Name

Kaplan, Eric J

82 Street Address (P.O. Box Number is Not Acceptable)

1110 Brickell Ave.

83

84 City

Miami

FL

85 Zip Code

33131

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

Signature, typed or printed name of registered agent (and title if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	EDWARDS, FRED CECIL JR.
STREET ADDRESS	748 BANANA LAKE RD
CITY - ST - ZIP	LAKE MARY FL
TITLE	STD
NAME	EDWARDS, CHRISTA
STREET ADDRESS	748 BANANA LAKE RD
CITY - ST - ZIP	LAKE MARY FL
TITLE	AS
NAME	KAPLAN, ERIC J
STREET ADDRESS	2 S. BISCAYNE BLVD., SUITE 3100
CITY - ST - ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	AS
3.3 STREET ADDRESS	Kaplan, Eric J.
3.4 CITY - ST - ZIP	1110 Brickell Ave. Miami, FL 33131
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(b), 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 (changed, or on attachment with an address).

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/30/95

(407) 788-3177

Date

Telephone Number