FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H07501 (0)

1. Corporation Name

OMEGA CONSULTING, INC.

Principal Place of Business	Mailing Address
222 S. WESTMONTE DRIVE 204 ALTAMONTE SPRINGS FL 32714 US	~~222 S. WESTMONTE DRIVE~~ ~~204~~ ~~ALTAMONTE SPRINGS FL 32714~~ ~~US~~

3. Date Incorporated or Qualified: **06/12/1984**

3a. Date of Last Report: **04/11/1995**

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 P.O.Box 2809
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Orlando, Florida
Zip 24 / Country 25	Zip 29 32802-2809 / Country 30 USA

9. Name and Address of Current Registered Agent

~~KAPLAN, ERIC J~~
~~1110 BRICKELL AVE~~
~~MIAMI FL 33131~~

10. Name and Address of New Registered Agent

81 Name: Timothy J. Manor
82 Street Address (P.O. Box Number is Not Acceptable): 215 N. Eola Drive
83
84 City: Orlando FL 85 Zip Code: 32801

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] 5/1/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	EDWARDS, FRED CECIL JR.	
STREET ADDRESS	748 BANANA LAKE RD	
CITY-ST-ZIP	LAKE MARY FL	
TITLE	STD	☐ DELETE
NAME	EDWARDS, CHRISTA	
STREET ADDRESS	748 BANANA LAKE RD	
CITY-ST-ZIP	LAKE MARY FL	
TITLE	AS	☒ DELETE
NAME	~~KAPLAN, ERIC J~~	
STREET ADDRESS	~~1110 BRICKELL AVE~~	
CITY-ST-ZIP	~~MIAMI FL~~	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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		

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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: [signature] 01/23/96 (407) 788-3177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #