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

PROFIT CORPORATION **ANNUAL REPORT**

1**9**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

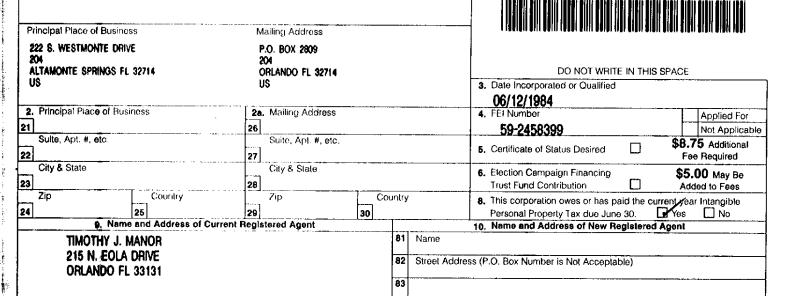
DOCUMENT #
1. Corporation Name H07501

(0)

OMEGA CONSULTING, INC.

May 15 1998 8:00am Secretary of State

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

84 City

again. Familian with, and assist the dibligations of, Section 607.0003, Horida Statules.						
SIGNATURE Signature, typed or pouled drame of registered agent and bits of applicable (NOTL Registered Agent signature required when teinstating) DATE						
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change	Addition
NAME	ED WARDS, FRED CECIL JR.		1.2 NAME			_
STREET ADDRESS	748 BANANA LAKE RD		1.3 STREET ADDRESS			
CITY-ST-ZIP	LAKE MARY FL		1.4 CITY - ST - ZIP			
TITLE		DELETE	2.1 TIBLE		Change	Addition
NAME			2.2 NAME		_	
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2.4 CITY-ST-ZIP			
TITLE		DELETE	3.1 TITLE		Change	☐ Addition
NAME			3.2 NAME		•	
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4 CITY-ST-ZIP			
TITLE		DELETE	4.1 TITLE		Change	Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE		DELETE	5.1 TITLE		Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY - ST - ZIP			į
TITLE		DELETE	6.1 TiTLE		☐ Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			

14. Thereby 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 on an alteriment with an address.