

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

RECEIVED
 MARCH 19 PM 12:17
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # K13481

1. Corporation Name
Omicron Technologies, Inc.

Principal Place of Business
1110 Brickell Avenue Suite 430 Miami, FL 33131 US

Mailing Address
1310 N. State Street Suite 100 Bellingham, WA 98225 U.S.

DO NOT WRITE IN THIS SPACE

- 3. Date Incorporated or Qualified: **02/02/1988**
- 4. FEI Number: **65-0032447** Applied For Not Applicable
- 5. Certificate of Status Desired: **(2)** **\$8.75** Additional Fee Required
- 6. Election Campaign Financing Trust Fund Contribution: **\$5.00** May Be Added to Fees
- 8. This corporation owes the current year Intangible Personal Property Tax: Yes No

21	2a	22	2b	23	2c	24	25	26	27	28	29	30
Principal Place of Business	Mailing Address	Suite, Apt #, etc	Suite, Apt #, etc	City & State	City & State	Zip	Country	Zip	Country	Zip	Country	Country

9. Name and Address of Current Registered Agent

**CT Corporation System
 1200 South Pine Island Road
 Plantation, FL 33324 U.S.**

81	82	83	84	85
Name	Street Address (P.O. Box Number is Not Acceptable)	City	State	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

Signature, typed or printed name of registered agent, as per applicable statute

(NOTE: Registered Agent must be a resident of the State)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12	TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
		PD Mark J Bryn	Two South Biscayne Blvd, #3599	Miami, FL 33131	<input checked="" type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

13	TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
		PD Barrett Sleeman	1310 N. State Street, Suite 100	Bellingham, WA 98225	<input checked="" type="checkbox"/>
		STA David Naylor	1310 N. State Street, Suite 100	Bellingham, WA 98225	<input checked="" type="checkbox"/>
		Chris Foster	1310 N. State Street, Suite 100	Bellingham, WA 98225	<input checked="" type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

800002820448--7
-03/26/99--01104--010
******167.50 ****167.50**

JB
3-18-99

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9), Florida Statutes. I further certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 117, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other fee payments.

SIGNATURE: Barrett Sleeman, Mar. 12/99, 877-903-2288

CR2E034 (1/98)