

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # L20264

1. Corporation Name

OMEGA REALTY & DEVELOPMENT CO.

Principal Place of Business

2454 MCMULLEN BOOTH
SUITE 422
CLEARWATER FL 34619

Mailing Address

2454 MCMULLEN BOOTH
SUITE 422
CLEARWATER FL 34619

99 DEC 14 AM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/04/1989

4. FEI Number

59-2975564

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 owes the current year
Intangible Personal Property.

☐ Yes ☐ No

2. Principal Place of Business

21 1060 Keene Road
Suite, Apt. #, etc.

2a. Mailing Address

26 1060 Keene Road
Suite, Apt. #, etc.

City & State

23 Dunedin, FL.

Zip

24 34698

Country

25

City & State

28 Dunedin, FL.

Zip

29 34698

Country

30

9. Name and Address of Current Registered Agent

WARD, R. CARLTON
RICHARDS, GILKEY
1253 PARK STREET
CLEARWATER FL 34618

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

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

NAME
STREET ADDRESS
CITY-STATE-ZIP
PSTD
TOULOU MIS, WILLIAM E
2454 MCMULLEN BOOTH RD, STE. 422
CLEARWATER FL 34619

☐ DELETE

TITLE

NAME
STREET ADDRESS
CITY-STATE-ZIP
V
TOULOU MIS, FRANK E.
1060 KEENE ROAD
DUNEDIN, FL. 34698

☒ DELETE

TITLE

NAME
STREET ADDRESS
CITY-STATE-ZIP
ASSISTANT ST
TOULOU MIS, GEORGE E.
1060 KEENE ROAD
DUNEDIN, FL. 34698

☐ DELETE

TITLE

NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ DELETE

TITLE

NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ DELETE

TITLE

NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP
PSTD
TOULOU MIS, WILLIAM E
1060 KEENE ROAD
DUNEDIN, FL. 34698

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP
ASSISTANT ST
TOULOU MIS, GEORGE E
1060 KEENE ROAD
DUNEDIN, FL. 34698

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP
V
T. EDWARD ENTREKEN
1060 KEENE ROAD
DUNEDIN, FL. 34698

☐ Change ☒ Addition

4.1 TITLE

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

☐ Change ☐ Addition

14. I hereby 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 attachment with an address.

SIGNATURE:

George Touloumis

11-24-99

Date

Daytime Phone #

0000125

CR2E034 (5/99)