

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

FILED
May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L21371** (4)
1. Corporation Name
OMEGA ENGINEERING CONSULTANTS INCORPORATED

Principal Place of Business 10456 W. ATLANTIC BLVD CORAL SPRINGS FL 33071 US	Mailing Address 10456 W ATLANTIC BLVD CORAL SPRINGS FL 33071 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/05/1989	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 65-0149881	Applied For <input type="checkbox"/> Not Applicable
23 Zip	24 Country	28 Zip	29 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

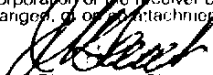
9. Name and Address of Current Registered Agent ANDREW M KNYSH 10422 NW 4TH ST CORAL SPRINGS FL 33071				10. Name and Address of New Registered Agent	
				81 Name John E. Gant	
				82 Street Address (P.O. Box Number is Not Acceptable) 2448 Bimini Lane	
				83	
				84 City Ft. Lauderdale	85 Zip Code FL 33312

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  DATE **Apr. 28, 1998**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input type="checkbox"/> DELETE				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	D	NAME	WERNER, JERRY B	1.1 TITLE	V/D	NAME	Werner, Jerry B.
STREET ADDRESS	3561 NW 99TH AVE	1.2 NAME		1.2 NAME		STREET ADDRESS	3561 NW 99 Ave.
CITY-ST-ZIP	CORAL SPRINGS FL	1.3 STREET ADDRESS		1.3 STREET ADDRESS		CITY-ST-ZIP	Coral Springs FL 33065
<input checked="" type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	DP	NAME	KNYSH, ANDREW M	2.1 TITLE		NAME	
STREET ADDRESS	10422 NW 4TH ST	2.2 NAME		2.2 NAME		STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	2.3 STREET ADDRESS		2.3 STREET ADDRESS		CITY-ST-ZIP	
<input checked="" type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	DVS	NAME	LARKIN, NATHAN E	3.1 TITLE		NAME	
STREET ADDRESS	9955 W ATLANTIC BLVD	3.2 NAME		3.2 NAME		STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	3.3 STREET ADDRESS		3.3 STREET ADDRESS		CITY-ST-ZIP	
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE		NAME		4.1 TITLE	D/S/T	NAME	Cooke, Dan
STREET ADDRESS		4.2 NAME		4.2 NAME		STREET ADDRESS	3161 NW 68 Ct.
CITY-ST-ZIP		4.3 STREET ADDRESS		4.3 STREET ADDRESS		CITY-ST-ZIP	Ft Lauderdale FL 33309 1232
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE		NAME		5.1 TITLE	D/P	NAME	Gant, John E.
STREET ADDRESS		5.2 NAME		5.2 NAME		STREET ADDRESS	2448 Bimini Lane
CITY-ST-ZIP		5.3 STREET ADDRESS		5.3 STREET ADDRESS		CITY-ST-ZIP	Ft Lauderdale FL 33312
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE		NAME		6.1 TITLE		NAME	
STREET ADDRESS		6.2 NAME		6.2 NAME		STREET ADDRESS	
CITY-ST-ZIP		6.3 STREET ADDRESS		6.3 STREET ADDRESS		CITY-ST-ZIP	

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:  **John E. Gant, President** 4/28/98 (454) 344-6303

CR2E034 (10/97)