FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 18 AM 8:45

DOCUMENT # **L78373** **(2)**

1. Corporation Name
OMEGA-FOX INC.

Principal Place of Business
% LAWRENCE FOX
5704D SWORDFISH CIR
TAMARAC FL 33319

Mailing Address
% LAWRENCE FOX
5704D SWORDFISH CIR
TAMARAC FL 33319

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/07/1990**
3a. Date of Last Report: **05/01/1994**

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

4. FEI Number: **65-0200371** — 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 intangibles tax under S. 199.032, Florida Statutes. [ ] Yes [ ] No

9. Name and Address of Current Registered Agent
FOX, LAWRENCE
5704D SWORDFISH CIR
TAMARAC FL 33319

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. Hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	FOX, LAWRENCE
STREET ADDRESS	5704D SWORDFISH CIR
CITY, ST, ZIP	TAMARAC FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND/OR DIRECTORS

1. TITLE	1. NAME / 1. STREET ADDRESS / 1. CITY, ST, ZIP	[ ] Change [ ] Addition
2. TITLE	2. NAME / 2. STREET ADDRESS / 2. CITY, ST, ZIP	[ ] Change [ ] Addition
3. TITLE	3. NAME / 3. STREET ADDRESS / 3. CITY, ST, ZIP	[ ] Change [ ] Addition
4. TITLE	4. NAME / 4. STREET ADDRESS / 4. CITY, ST, ZIP	[ ] Change [ ] Addition
5. TITLE	5. NAME / 5. STREET ADDRESS / 5. CITY, ST, ZIP	[ ] Change [ ] Addition
6. TITLE	6. NAME / 6. STREET ADDRESS / 6. CITY, ST, ZIP	[ ] Change [ ] Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the compliance detection exclusion of 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 be the same as represented 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 attached sheet with no address.

SIGNATURE: 1/10/95 305-722-5632

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Lawrence Fox

0037070 CP