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

DOCUMENT # P01793

1. Corporation Name

OMEGA TECHNICAL CORPORATION

Principal Place of Business Type (1) 250 S. EXECUTIVE DR. #101 TYPE (2) BROOKFIELD. WISCONSINI 53005

Mailing Address

250 S. EXECUTIVE DR.: #101 BROOKFIELD, WISCONSINI 53005

FILED Feb 01, 1999 8:00am Secretary of State

02-01-1999 90014 044 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

04/27/1984

						A SSI Number	- Ann	oliéd For	
2. Principal Pl	lace of Business	2a.	Mailing Address			4. FEI Number 39-1250349	 - · · ·	Applicable	
21	26 Suite Ash # of					39-1200349	\$8.75 A	.	
Suite, Apt.	#, etc.	-	Suite, Apt. #, etc.			5. Certificate of Status Desired	Fee Rec	1	
22		27	City P. Ctata			6 Flories Compaign Financing	\$5.00	May Bo	
City & State	9	├ ─¬	City & State			6. Election Campaign Financing Trust Fund Contribution	Added to		
23		28	-	Country				7.000	
Zip	Country		Zip	¬ ` ` `	,	This corporation owes the current year In Personal Property Tax.		□No.	
24	25	29	30	<u> </u>		10. Name and Address of New Registered			
	9. Name and Address of Currer	nt Regist	ered Agent .	81	Name	To. Hallie and Address of New Neglotoros			
KEEN	N RAR		•						
KEEN, BOB 5300 W. CYPRESS #281					82 Street Address (P.O. Box Number is Not Acceptable)				
	PA FL 33607			83	<u> </u>	# # # # # # # # # # # # # # # # # # #	#1#11 1 754	9-1 (F.M.) (A.)	
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nan o sumasan	Biological Company		Sec. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		1	FI	<u>- </u>		
11. Pursuant	to the provisions of Sections 607.050	2 and 60	07.1508, Florida Statutes,	the abov	e-named corp	poration submits this statement for the purpose clion's board of directors. I hereby accept the appo	r changing its i sintment as rec	registered jistered	
office or r	egistered agent, or both, in the State im familiar with, and accept the obliga	itions of,	Section 607.0505, Florida	a Statute:	S.		_	1	
						(New York 1970)			
SIGNATURE	Signature, typed or printed name of registered age				ent signature require	ed when reinstating) / 1/3/2 DATE	ND DIDECTO	DC IN 12	
12.	OFFICERS AN			13.		ADDITIONS/CHANGES TO OFFICERS A	Change	Addition	
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NAME (LIGOTE	GUINDON, RICHARD	. 1	Carm 12 1 750	1.2 NAME		•			
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CITY-ST-ZIP	BROOKFIELD WI			1.4 CITY-	ST-ZIP		·		
TITLE	S		☐ DELETE	2.1 TITLE				☐ Addition	
NAME,	KLEIN, PATRICIA			2.2 NAME		•			
STREET ADDRESS	ASA O EVECUTIVE OD			2.3 STREE	ET ADDRESS				
CITY-ST-ZIP	BROOKFIELD WI	,		2.4 CITY-	ST-ZIP				
TITLE ,			☐ DELETE	3.1 TITLE			Change	Addition	
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4.4374	林氏326 00		,	3.4. CITY-					
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NAME					ET ADDRESS	•		, (
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NAME	BROOKHEED VE				1				
STREET ADDRESS	A STATE OF COLUMN SEC.				ET ADDRESS				
CITY-ST-ZIP	12			6.4 CITY-		O-11-140 07/21/2 Florida Chabana 16:45-4	ortifu that the i	nformation	
14 Lherehy	certify that the information supplied w	ith this fil	ling does not qualify for th	ne exemp	otion stated in	Section 119.07(3)(i), Florida Statutes. I further of	ermy mar me n	monnation	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(), Florida Statutes. I number 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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-8-99 (4/4) 784-74/0