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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

P93000005223 (1)

1. Corporation Name THE OMEGA CONSULTING GROUP, INC.

FILED Apr 19 1996 8:00 am Secretary of State

Principal Place of Business Mailing Address							7,68,685,86			
9 NAVARRO IS	rro Isle Derdale fl 33301									
							3. Date Incorporated or Qualified 01/22/1993	3a. Date of 03/0	6/1995	5
2. Principal Plac	ce of Business	2a. Mailm	g Address		-		4. FE1 Number		1	oplied For
]		26					65-0399412			ot Applicable Additional
Suite, Apt. #,	, etc.	Suite,	, Apt. #, etc.				5. Certificate of Status Desired	<u> </u>	Fee R	equired
City & State		City 8	State .				6. Election Campaign Financing Trust Fund Contribution	LJ	Added	May Be to Fees
Z _{1D}	Country	Zip		Cou	nlry		8. This corporation has liability for		inder s	99.032,
7	25	29		30			Florida Statutes X Yes	_	ont .	
⊥	9. Name and Address of Cur	rent Registered	Agent				10. Name and Address of New F	registered Ag		
∜THEIS, ANN 9 NAVARRO ISLE FT. LAUDERDALE FL 33301					81 Name Fierro Aww 82 Street Address (P.O. Box Number is Not Acceptable) 9 NAVARRO LSIE					
FT. LAUL	DERIDALE FL 33301				84	City	TI Jan Dardala	FL	85 Zip	Code 561
•							noration submits this statement for the pulpard of directors. Thereby accept the app	roose of charge	ing Ye re	naistered office
familiar with	h, and addept the colligations of a	AND DIRECTORS	ω				ADDITIONS/CHANGES TO OF	FICERS AND D	7.6	RS IN 12
12.	PD	AND ENTERIOR OF CO.	DELFTE	1 1 1	.TLF		מרץ	X	Change	Addition
TITLE NAME	THEIS, ANN			12 N	AME	1,	FIGRE, ANN QNAVARRO ISLE Ft. LAUDERGALE, FI			
STREET ADDRESS	9 NAVARRO ISLE			1.3 \$	TREET	ADDRESS (QUAVARRO 15E	1		
CITY - ST - ZIP	FT. LAUDERDALE FL 333	01		140	::11Y - S	1 - 216	Ft. LAUDEROALE, FI	ייכנו .	<u> </u>	
TITLE	17. 2.002.00.12		DELETE	2.1	TITLE		,		Change	☐ Addition
NAMÉ				22 N	IAME	i				
STREET ADDRESS				235	TREET	ADDRESS				
CITY-ST-ZIP					HIY-S	1 - 205			Change	☐ Addition
TITLE			☐ DELETE		TITLE	.		LJ	Ollalige	☐ Addition
NAME					MAM					
STREET ADDRESS				33	STHEE	RESPUECA				
CHTY - ST - ZIP			<u>-</u>		OTY-5	31 - 205			Change	Addition
TIFLE			DELETE		TTLE				L in g	\$d
NAME					NAME					
STREET ADDRESS				1		ADDRESS				
CITY - ST - ZIP					CHYES	51 - ZIP			Change	Addition
TITLE			☐ DELETE		TITLE					laure d
NAME					NAME Carres	- ADDRESS				
SZBROCA LEBRIS						ADDRESS				
CITY-ST-ZIP			DELETE		CITY - :	ST ZIP	THE COURT OF THE	0725	Ctan ge	Addition
TITLE			□ otrut		NAME		7000017 -04/19/9601	06101	7	DER
NAME						Taddress	-04/19/3601 ***200.00	OO1 OI	•	1
STREET ADDRESS					Calv	CT 710	lify for the exemption stated in Section 1			4-19-9

you hereby certify that the information supplied with this iming is vocalitative forms and over not quality for the exchiption scaled in Section 113-07-07/17, horized statistics are controlled 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 out, 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:

DON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR