FILE NOW: FILING FEE AFTER MAY 1 IS \$550

PROFIT CORPORATION ANNUAL REPORT

1997



F STATE FLORIDA DEPARTMENT

Sandra B. Mort

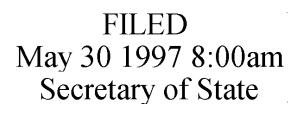
Secretary of Sta DIVISION OF CORPORATIONS

DOCUMENT # P93000019645 (9)

OMEGA LIFT CORPORATION

Principal Place of Business

Mailing Address





3630 CONSUMER WAY UNIT 101 RIVIERA BEACH FL 33404		UNIT 101	3630 CONSUMER WAY UNIT 101 RIVIERA BEACH FL 33404-1705		3. Date incorporated or Qualified	3a. Date of Last	
					03/11/1993	05/01/1996	}
2. Principal P	lace of Business	2a. Mailing Address	28. Mailing Address		4. FEI Number	T_I	Applied For
21		26	26		65-0401757		Not Applicable
Suite, Apt #, etc		Suite, Apt. #, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State City & State					6. Election Campaign Financing	\$5.0	O May Be
23 28					Trust Fund Contribution		
Zip	Country Zip Cour		Countr	y	8. This corporation has liability for intangible tax under s. 199.032,		
			30			:	
		Current Registered Agent			10. Name and Address of New Re	gistered Agent	
	SENKRANZ, HOWARD		81	Name			
3630 CONSUMER WAY				82 Street Address (P.O. Box Number is Not Acceptable)			
UNIT 101							
RIVIERA BEACH FL 33404							
			84	Cily	·	FL 85 Zi	p Code
11. Pursuant office or r agent. La	to the provisions of Sections 6 egistered agont, or both, in th m familiar with, and accept th	07.0502 and 607.1508, Florida e State of Florida. Such change o obligations of, Section 607.050	Statutes, the above was authorized b 05, Florida Statute	re-named corp y the corporal is.	poration submits this statement for the particular that the state of directors. I hereby acce	ourpose of changing pt the appointment) its registered as registered
SIGNATURE	Signature Typed or printed name of regis	decad point and title if spot pable	(NOTE: Registered Ac	and signed an result	land whoo releated on	DATE	
12.		RS AND DIRECTORS	13.	ent signature requi	ADDITIONS/CHANGES TO OFFIC		ORS IN 12
TIFLE	D	DELET				Chang	
NAME	ROSENKRANZ, HOWAR		1.2 NAME	1	$\mathcal{L}_{\mathcal{A}} = \{ (1, 1) \mid (1, 1) \in \mathcal{A} \mid (1, 1) \in \mathcal{A} \}$		
STREET ADDRESS	3630 CONSUMER WAY,			T ADDRESS			
CITY-ST-ZiP	RIVIERA BEACH FL 334		14 CTY-				
DILE		DELET		31-211		Chang	
NAME			2.2 NAME				
STREET ADDRESS				T ADDRESS			1
CITY - ST - ZIP			2 4 (117)	- 1			·
TITLE		☐ DELET		37-211		Chang	e Addition
NAME			3.2 NAME			-	
STREET ADORESS				T ADDRESS			
CITY-ST-ZIP			3.4. CITY-	·			
TITLE		DELET		ν: επ		Chang	e Addition
NAME			4, 2 NAME				_ ` }
STREET ADDRESS				T ADDRESS			
City-St-ZiP			4.4 CITY-				
TITLE		☐ D£LEY		V, 411		Chang	e Addition
NAME			5.2 NAME				_ "
STREET ADDRESS				T ADORESS			[
			5.4 CITY-				
CHY-ST-ZIP THLE		☐ DELET		31.71		☐ Chang	e Addition
NAME			6.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY - ST - ZIP	L		6.4 CHY-	51-ZP	41. 0 440.07(0)(1) F(-14. 0.44.4)		

I do hereby certify that the information supplied with this filling 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 or block 13 or on an attachment with an address.

SIGNATURE: