

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

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90045 050 ***150.00

DOCUMENT # P94000003737

1. Corporation Name

OMEGA MACHINERY SERVICES, INC.

Principal Place of Business

2574 ROCKFILL RD.
FT. MYERS FL 33619

Mailing Address

2574 ROCKFILL RD.
FT. MYERS FL 33619

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/14/1994

4. FEI Number

65-0462332

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 owes the current year intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 1648 TAYLOR Rd

Suite, Apt. #, etc.

22 116

City & State

23 PORT ORANGE, FL

Zip

24 32124

Country

25 VOLUSIA

2a. Mailing Address

26 1648 TAYLOR Rd

Suite, Apt. #, etc.

27 116

City & State

28 PORT ORANGE, FL

Zip

29 32124

Country

30 VOLUSIA

9. Name and Address of Current Registered Agent

DWDA, KLAUS
2574 ROCKFILL ROAD
FT. MYERS FL 33916

10. Name and Address of New Registered Agent

81 Name

DUDA KLAUS

82 Street Address (P.O. Box Number is Not Acceptable)

83 1648 TAYLOR Rd STE 116

84 City

PORT ORANGE

FL

85 Zip Code

32124

11. Pursuant to the provisions of Sections 607.0602 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VPT ☐ DELETE

NAME LONGONI, PAOLA
STREET ADDRESS 2574 ROCKFILL ROAD
CITY-ST-ZIP FORT MYERS FL

TITLE P ☐ DELETE

NAME DUDA, KLAUS
STREET ADDRESS 2574 ROCKFILL ROAD
CITY-ST-ZIP FORT MYERS FL

TITLE ☐ DELETE

NAME
STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VPT ☒ Change ☐ Addition

1.2 NAME LONGONI, PAOLO
1.3 STREET ADDRESS 1427 ABOLIDER COURT
1.4 CITY-ST-ZIP GREENSBORO, NC 27404

2.1 TITLE P ☒ Change ☐ Addition

2.2 NAME DUDA KLAUS
2.3 STREET ADDRESS 1648 TAYLOR Rd. STE 116
2.4 CITY-ST-ZIP PORT ORANGE, FL 32124

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS

6.4 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0028921