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May 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000014824 (4)

1. Corporation Name

OMEGA REALTY & DEVELOPMENT CO.



Principal Place of Business

Mailing Address

2910 BAY TO BAY BLVD
205
TAMPA FL 33629
US

2454 McMULLEN BOOTH RD.
421
CLEARWATER FL 34619-1339
US

3. Date Incorporated or Qualified
02/23/1994

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 2454 McMullen Booth Rd

26 2454 McMullen Booth Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 422

27 422

City & State

City & State

23 Clearwater, Florida

28 Clearwater, Florida

Zip

Zip

Country

Country

24 34619

25

USA

29 34619

30

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

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. 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME MARTIN, DAVID E
STREET ADDRESS 461 SEVEN AVE
CITY - ST - ZIP TAMPA FL
☒ DELETE

1.1 TITLE P
1.2 NAME William D. McGee
1.3 STREET ADDRESS 2454 McMullen Booth Rd., Ste 422
1.4 CITY - ST - ZIP Clearwater, Florida 34619
☐ Change ☒ Addition

TITLE VST
NAME TOULOU MIS, GEORGE E
STREET ADDRESS 406 WESTBOROUGH LANE
CITY - ST - ZIP SAFETY HARBOR FL
☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE D
NAME TOULOU MIS, WILLIAM E
STREET ADDRESS 406 WESTBOROUGH LANE
CITY - ST - ZIP SAFETY HARBOR FL 34695
☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE D
NAME TRAN, BUU N
STREET ADDRESS 2884 McMULLEN BOOTH ROAD #524
CITY - ST - ZIP CLEARWATER FL 34821
☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
☐ Change ☐ Addition

14. I do 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 attached sheet with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)