

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  
Apr 01, 1999 8:00 am  
Secretary of State

04-01-1999 90093 008 \*\*\*150.00

DOCUMENT # P94000014824

1. Corporation Name  
OMEGA REALTY & DEVELOPMENT CO. OF TAMPA BAY



Principal Place of Business  
2454 MCMULLEN BOOTH ROAD  
SUITE 422  
CLEARWATER FL 34619  
US

Mailing Address  
2454 MCMULLEN BOOTH ROAD  
SUITE 422  
CLEARWATER FL 34619  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
02/23/1994

4. FEI Number  
59-3246514

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 1060 Keene Road  
Suite, Apt. #, etc.  
22 City & State  
23 Dunedin, FL.  
Zip Country  
24 34698 25

2a. Mailing Address  
26 1060 Keene Road  
Suite, Apt. #, etc.  
27 City & State  
28 Dunedin, FL.  
Zip Country  
29 34698 30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE	P	MC GEE, WILLIAM D.	<input type="checkbox"/> DELETE
NAME		2454 MCMULLEN BOOTH RD STE 422	
STREET ADDRESS		CLEARWATER FL	
CITY-ST-ZIP			
TITLE	VST	TOULOU MIS, GEORGE E	<input type="checkbox"/> DELETE
NAME		406 WESTBOROUGH LANE	
STREET ADDRESS		SAFETY HARBOR FL	
CITY-ST-ZIP			
TITLE	D	TOULOU MIS, WILLIAM E	<input type="checkbox"/> DELETE
NAME		406 WESTBOROUGH LANE	
STREET ADDRESS		SAFETY HARBOR FL 34695	
CITY-ST-ZIP			
TITLE	D	TRAN, BUU N	<input type="checkbox"/> DELETE
NAME		2664 MCMULLEN BOOTH ROAD #524	
STREET ADDRESS		CLEARWATER FL 34621	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	MC GEE, WILLIAM D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		1060 KEENE ROAD	
1.3 STREET ADDRESS		DUNEDIN, FL. 34698	
1.4 CITY-ST-ZIP			
2.1 TITLE	VST	TOULOU MIS, GEORGE E	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		1060 KEENE ROAD	
2.3 STREET ADDRESS		DUNEDIN, FL. 34698	
2.4 CITY-ST-ZIP			
3.1 TITLE	D	TOULOU MIS, WILLIAM E	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		1060 KEENE ROAD	
3.3 STREET ADDRESS		DUNEDIN, FL. 34698	
3.4 CITY-ST-ZIP			
4.1 TITLE	D	TRAN, BUU N	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		1060 KEENE ROAD	
4.3 STREET ADDRESS		DUNEDIN, FL. 34698	
4.4 CITY-ST-ZIP			
5.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> 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

3/24/99

Date

727-736-8622

Daytime Phone #

CR2F034 (11/98)