FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1997

CITY-ST-ZIP

14. I do hereby certify that the informal in supplie information indicated on this annual report of I am an officer or director of the corporator of appears in Block 12 or Block 11 if charled, o



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Mar 14 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000024324 (3)

ALPHA OMEGA P.O.E., INC. Principal Place of Business Mailing Address 412 WASHINGTON AVE. P.O. BOX 2122 OLDSMAR FL 34677-0038 OLDSMAR FL 34677-0038 3. Date Incorporated or Qualified 3a. Date of Last Report 03/29/1994 04/29/1996 2. Principal Place of Business 2a. Mailing Address Applied For 21 59-3233522 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zio Country Country 8. This corporation has liability for injungible tax under s. 199.032, Florida Statutes Yes \square No 24 25 30 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GASSMAN, ALAN S 1212 COURT ST. 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE B CLEARWATER FL 34616** 83 84 City 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 (NO?E_Projectered Agent signature required when relestating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.171111 Change ___ Addition BECKLUND, STEVEN K NAME 1.2 NAME 412 WASHINGTON AVE. STREET ADDRESS 1.3 STREET ADDRESS **OLDSMAR FL 34677-0038** CITY-ST-ZIP 1.4 CITY - \$1 - 7IP DELETE TITLE 2.1 JIII F Change ___ Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - S1 - ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-S1-ZIP TITLE DELETE 4.1 1171 6 Change ■ Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE Change 5.1 TITLE Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP TITLE DELETE G.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS

6.3 STREET ADDRESS

and in Section 119.07(3)(i), Florida Statutes. I further certify that the at my signature shall have the same legal effect as if made under eath; that bort as required by Chapter 607, Florida Statutes; and that my name

3 1254-4111

with this fifing does not qualify for the exemption supplemental annual report is true and accurate as the receiver or Juster empowered to execute this