

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 JUN 22 PM 2:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000014824 (4)

1. Corporation Name

OMEGA REALTY & DEVELOPMENT CO.

Principal Place of Business

2600 MCCORMICK DRIVE  
SUITE 140  
CLEARWATER FL 34619

Mailing Address

2600 MCCORMICK DRIVE  
SUITE 140  
CLEARWATER FL 34619

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/23/1994

3a. Date of Last Report

2. Principal Place of Business

21 2910 Bay to Bay Blvd.

Suite, Apt. #, etc.

22 Suite 205

City & State

23 Tampa, FL

Zip

24 33629

Country

25 USA

2a. Mailing Address

26 2454 McMullen Booth Rd. 59-3246514

Suite, Apt. #, etc.

27 Suite 421

City & State

28 Clearwater, FL.

Zip

29 34619

Country

30 USA

4. FEI Number

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 has liability for intangible tax under S. 199.034,

Florida Statutes

☐ Yes

☐ No

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, action 607.0505, Florida Statutes.

SIGNATURE

Print or type typed printed name of registered agent, if applicable

(NOTE: Registered Agent signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS

|                 |                               |
|-----------------|-------------------------------|
| TITLE           | President                     |
| NAME            | David E. Martin               |
| STREET ADDRESS  | 461 Severn Avenue             |
| CITY - ST - ZIP | Tampa, FL 33606               |
| TITLE           | V.P., Secretary, Treasurer    |
| NAME            | George E. Touloumis           |
| STREET ADDRESS  | 406 Westborough Lane          |
| CITY - ST - ZIP | Safety Harbor, FL 34695       |
| TITLE           | Director                      |
| NAME            | William E. Touloumis          |
| STREET ADDRESS  | 406 Westborough Lane          |
| CITY - ST - ZIP | Safety Harbor, FL 34695       |
| TITLE           | Director                      |
| NAME            | Buu N. Tran                   |
| STREET ADDRESS  | 2664 McMullen Booth Road #524 |
| CITY - ST - ZIP | Clearwater, FL 34621          |
| TITLE           |                               |
| NAME            |                               |
| STREET ADDRESS  |                               |
| CITY - ST - ZIP |                               |
| TITLE           |                               |
| NAME            |                               |
| STREET ADDRESS  |                               |
| CITY - ST - ZIP |                               |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |                                                                   |
|---------------------|-------------------------------------------------------------------|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |                                                                   |
| 1.3 STREET ADDRESS  |                                                                   |
| 1.4 CITY - ST - ZIP |                                                                   |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |                                                                   |
| 2.3 STREET ADDRESS  |                                                                   |
| 2.4 CITY - ST - ZIP |                                                                   |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            |                                                                   |
| 3.3 STREET ADDRESS  |                                                                   |
| 3.4 CITY - ST - ZIP |                                                                   |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            |                                                                   |
| 4.3 STREET ADDRESS  |                                                                   |
| 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 907, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-16-95 8138312600  
Date Signature