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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000082403 (4)

ALPHA OMEGA FINANCIAL SERVICES, INC.

Principal Place of Business Mailing Address 2962 W. CROOKED STICK CT. LECANTO FL 34461 LECANTO FL 34461-7976												
							3	Date Incorporated or Qualified 11/07/1994		ate of La 11/19		port
2. Principal P	lace of Business	26	a. Mailing Address				4	, FEI Number 59-3282501	_L		Apr	olied For Applicable
Suite, Apt.	#, etc	27	Suite, Apt. #, etc.				5	. Certificate of Status Desired				dditional
City & Stat	0	28	City & State		·,		6	Election Campaign Financing Trust Fund Contribution		• -		May Be Fees
Z(p)	25	7ip]	Country 30				8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes Yes No					
		ddress of Current Reg	stered Agent				, 10	Name and Address of New Re	gistered /	Agent		
	IL, JERALD W				81	Name						
	2 W. CROOKED 8	SHCK C1.			82	Street A	ddress (P.O. Box Number is Not Acceptat	ie)			
	ANTO FL 34461				83							
					[03]							
					84	City			FL	85	Zip C	ode
11. Pursuant office or ragent La		Sections 607.0502 and both, in the State of Flo accept the obligations				named corpo the corpo nt spnature re		on submits this statement for the p board of directors. I hereby accep on reinstating)	ourpose of the appo	chang ointmer	ng its it as r	registered egistered
12.		OFFICERS AND DIRE		1:				ADDITIONS/CHANGES TO OFFIC	ERS AND	DIREC	TORS	IN 12
TITLE	P		DELETE	1.1	TITLE					☐ Cha	nge	Addition
NAME	KERL, JERALD			3,3	NAME							
STREET ADDRESS		OOKEDSTICK CT.		1.3	S STREET	ADDRESS						
Crty+St+2iP	LECONTO FL			1.4	CITY-S	r-21P						
मास्	VPS	u 0	☐ DELETE	2.	TITLE					☐ Cha	nge	☐ Addition
NAME	JOEL, STEPHE				2 NAME							
STREET ADDRESS	510 N. 22ND S BEATRICE NE	INCCI				ADDRESS			•			
CHTY-\$1-7IP TITLE				4 CITY-S I TITLE	T-ZIP		······································		Cha	nae	Addition	
NAME					NAME					LLJ UNA	uße	L. AUGIRION
STREET ADDRESS				- 1		ADDRESS						
CITY - ST - ZIP					i City-s							
TITLE			DELETE		TITLE	. 20				☐ Cha	nge	Addition
NAMÉ .			-		2 NAME	1					•	
STREET ADORESS						ADDRESS						
CITY - ST - 7P				4	CITY-SI							
111.6			DELETE		TITLE					Cha	nge	Addition
NAME				52	NAME							-

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 and cated 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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CHTY - ST - ZIP

5 4 CITY+ST-ZIP

61 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

DITY-\$1-7/P

CHTV - \$1 - 7iP

THEF

NAME

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR PROSIDENT 3/12/97

☐ DELETE

3/12/97 352-527-4360

Change

Addition

FILED

Apr 11 1997 8:00am

Secretary of State

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