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Apr 25 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 # P95000059650 (8)

1. Corporation Name
OMEGA HOUSE, INC.



Principal Place of Business
215 NORTH SCENIC HIGHWAY
FROSTPROOF FL

Mailing Address
215 NORTH SCENIC HIGHWAY
FROSTPROOF FL 33843-2119

3. Date Incorporated or Qualified
07/31/1995

3a. Date of Last Report
08/08/1996

2. Principal Place of Business
21 1750 U.S. Hwy 275
Suite, Apt. #, etc.

2a. Mailing Address
26 1750 U.S. Hwy 275
Suite, Apt. #, etc.

4. FEI Number
APPLIED FOR 59-3367773

Applied For
Not Applicable

22 City & State
23 FROSTPROOF, FL

27 City & State
28 FROSTPROOF, FL

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

24 Zip 33843 25 Country USA

29 Zip 33843 30 Country USA

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ZOUROUDIS, JOHN A
215 NORTH SCENIC HIGHWAY
FROSTPROOF FL

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
83 11 NO. PALM AVE.

84 City FROSTPROOF FL 85 Zip Code 33843

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VSTP	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZOUROUDIS, JOHN A	1.2 NAME	
STREET ADDRESS	1825 NORTH LAKE REEDY BOULEVARD	1.3 STREET ADDRESS	11 NO. PALM AVE.
CITY-ST-ZIP	FROSTPROOF FL 33843	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZOUROUDIS, JOHN A	2.2 NAME	
STREET ADDRESS	1825 NORTH LAKE REEDY BOULEVARD	2.3 STREET ADDRESS	11 NO. PALM AVE.
CITY-ST-ZIP	FROSTPROOF FL 33843	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 attachment with an address.

SIGNATURE: _____ 4/21/97 941-635-2951

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)