FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P95000066043.

1. Corporation Name
OMEGA INVESTMENT, INC.

Principal Place of Business
3601, SWANN AVE.,
SUITE 205
TAMPA, FL 33629

Mailing Address
118, S. WESTSHORE
SUITE 228,
TAMPA, FL. 33609.

3. Date Incorporated or Qualified: 8/25/1996
3a. Date of Last Report: N/A.

2. Principal Place of Business
21 SAME AS ABOVE
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26 SAME AS ABOVE
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

4. FEI Number: APPLY FOR — ☑ 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. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent
MAH, WEE H.
3601, SWANN AVE.,
SUITE 205
TAMPA, FL 33629.

10. Name and Address of New Registered Agent
81 Name: NO CHANGE.
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: Wee H Mah — Signature, typed or printed name and title of officer — Signature of Registered Agent — 4/22/1996 DATE

12. OFFICERS AND DIRECTORS

TITLE	P/D/M
NAME	MAH, WEE H.
STREET ADDRESS	3601, SWANN AV. SUITE 205
CITY-ST-ZIP	TAMPA, FL. 33629.
☐ DELETE	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
☐ DELETE	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
☐ DELETE	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
☐ DELETE	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
☐ DELETE	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	SAME (NO CHANGE)
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	900001857039
4.3 STREET ADDRESS	-06/10/96--01025--018
4.4 CITY-ST-ZIP	***25.00
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	000001857040
5.3 STREET ADDRESS	-06/10/96--01025--019
5.4 CITY-ST-ZIP	***200.00
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	6-10-96
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Wee H Mah (MAH, WEE H.)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/1996
Date

PHONE (813) 874 1129
FAX: (813) 874 1129
Daytime Phone #

CR2E034 (12/95)