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

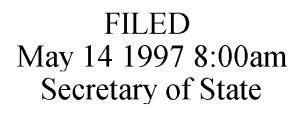
DOCUMENT # P95000066043 (7)

OMEGA INVESTMENT, INC.

Principal Place of Business

Mailing Address

3601 SWANN AVENUE





	n. Date of Las 06/10/199	st Report
	יססו וטו וטטי	
2. Principal Place of Business 2a. Mailing Address 2b. Mestshore 4. FEI Number APPLIED FOR: 59-344.	12695	Applied For
Suite Ant # etc		Not Applicable 5 Additional
22 SUITE 228 5. Certificate of Status Desired		Required
City & State City & State 6. Election Campaign Financing	\$5.0	00 May Be
23 - 28 TAMPA, FL Trust Fund Contribution		ed to Fees
Zip • Country Zip Country 8. This corporation has liability for intangent 24 25 29 33609 30 U.S.A. Florida Statutes Yes	· —	er s. 199.032,
24 25 29 33607 30 U.S.A. Florida Statutes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Register		
MAH, WEE H		
3601 SWANN AVENUE 82 Street Address (P.O. Box Number is Not Acceptable)		
SUITE 205		
TAMPA FL 33609 B3		
CC viv. B4 City	FL 85 2	Zip Code
11 Purguent to the provisions of Sections 607 0502 and 607 1508 Florida Statutes, the above-named corporation submits this statement for the purpos	ose of changin	na its reaistered
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 agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	e appointment	as registered
SIGNATURE		
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DA	ATE	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS TILLE PDM DELETE 11 DELETE	AND DIRECT	
MANUSEC LI	L. Clian	ige [] Audition
NAME MAY, WEE IT 1.2 NAME 1.2 NAME 3801 SWANN AVENUE SUITE 205 1.3 STREET ADDRESS		
CITY-ST-ZIP TAMPA FL 33609 1.4 CITY-ST-ZIP		
TITLE DELETE 2.1 TITLE	Chan	ge Addition
NAME 2.2 NAME		:
STREET ADDRESS 2.3 STREET ADDRESS .	£ 5.	
CITY-\$T-ZIP	Chan	ae Addition
TITLE DELETE 3.1 TITLE NAME 3.2 NAME	U GIAII	ige Addiction
STREET ADDRESS 3.3 STAFET ADDRESS		
CITY-ST-ZIP 34.CITY-S1-ZIP		
TITLE DELETE 4.1 TITLE	Chan	ge Addition
NAME 4.2 NAME		
STREET ADDRESS 4.3 STREET ADDRESS		
CITY-ST-ZIP 4.4 CITY-ST-ZIP	☐ Chan	ge Addition
TITLE L. DELETE 5.1 TITLE		iåe 🗀 vooiiiou
NAME 5 2 NAME STREET ADDRESS 5 3 STREET ADDRESS		
CITY-ST-ZIP 54 CITY-ST-ZIP		
TITLE DELETE 61 TITLE	☐ Chan	ige Addition
NAME 62 NAME		
STREET ADDRESS 6.3 STREET ADDRESS		
CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 1.0 CT/2V/) Elected Statutes Life over the extra city of the control of the city of the control of the city of the cit	Codbon	that the

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.

Huthred, (MALI MET L)

9.15/97

(813) 874 1129