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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham \*

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P9600004420 (1)

**OMEGA ONE PROPERTIES, INC.** 

## FILED Sep 09 1997 8:00am Secretary of State



Principal Plac	e of <b>B</b> usiness	Mailing Address	Mailing Address				T INGELIDAT LITA LALIO OLITI ODLILI ODLILI SPENIH BONIH BONIH BIRIN HOBEL BAN KODE				
1909 OLD SAWMILL ROAD BRANDON FL 33510		1909 OLD SAWMILL ROAD BRANDON FL 33510-2225									
						3. Date Incorporated 01/16/1996	or Qualified	3a. Date o	of Last R	eport	
	lace of Business	2a. Malling Addr	ess			4. FEI Number 69-34/0	L45		-	oplied For of Applicable	
Sulte, Apt.	#, etc.	Suite, Apt. #	etc.							Additional	
22		27				5. Certificate of Statu	s Desired		Fee Re		
City & State		Cily & State				6. Election Campaign	Financing		\$5.00	May Be	
23 SAFFH	Ms, FL	28				Trust Fund Contrib	ution		Added		
Zip	Country	Zip	<u> </u>	ountry		8. This corporation ha				. 199.032,	
24 335	9. Name and Address of Curr	29 29 Agent	/ [30]	1		Florida Statutes  10. Name and Addres		Yes N	-		
SMI	TH, NORRIS L			81	Name	10, 110mo and Addres	oo oi now no	Jietorou Ago	111		
	9 OLD SAWMILL ROAD										
	ANDON FL 33510			82	Street Add	ress (P.O. Box Number is	Not Acceptab	le)			
, 510				63							
•					6"			<del></del>	-		
ζ.				84	City			FL <sup> 8</sup>	5 Zip (	Code	
11. Pyrsuant	to the provisions of Sections 607.0	0502 and 607.1508, Florid	da Statutes, the	above	-named corp	poration submits this state	ment for the p	troose of cha	anging it	s registered	
agent. I a	egistered agent, or both, in the Sta im familiar with, and accept the ob-	ale of Florida. Such chan ligations of, Section 607.	go was authoriz 0505, Florida St	ed by atutes	the corpora	tion's board of directors, t	hereby accep	t the appoint	ment as	registered	
SIGNATURE											
12,	Signature, typed or printed name of registered	agent and title if applicable.  AND DIRECTORS			nt signature requi	ired when reinstating)	E0 \$0 05510	DATE	FOTOD		
TITLE	PSTD	DE	13.	TITLE	····· 1 ···	ADDITIONS/CHANG	ES TO OFFICE		Change	S IN 12' Addition	
NAME	SMITH, NORRIS L			NAME					Onango		
STREET ADDRESS	1909 OLD SAWMILL ROAD				ADDRESS						
CITY-ST-ZIP	BRANDON FL 33510			CITY-SI							
TITLE		☐ DE		TITLE	· · • · · · · · · · · · · · · · · · · ·	<del></del>			Change	Addition	
NAME			2.2	NAME					•		
STREET ADDRESS			2.3	STREET.	ADDRESS						
-City-St-Zip	 		2 4	CITY-S	T-ZIP						
TITLE		☐ DE	LETE 3.1	TITLE					Change	Addition	
NAME			3.2	NAME	}			•			
STREET ADDRESS			3.3	STREET	ADDRESS						
CITY-ST-ZIP		Пос		CITY-S	T-ZIP						
TITLE		☐ DE	•	TITLE	}			Ц	Change	Addition	
NAME CTOTET ADDOSCO				NAME							
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP TITLE	<del></del>	☐ DE		CITY-ST TITLE	- 219		1		Change	Addition	
NAME		_		NAME				ں	กแต่เกิด		
STREET ADDRESS			1		ADDRESS						
CITY-ST-ZIP				CITY-ST							
TITLE	<del></del>	DE		TITLE	- 411			П	Change	Addition	
NAME				NAME				_			
STREET ADDRESS					ADDRESS :						
CITY-ST-ZIP				CITY - ST	1						
<del> </del>											

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.