


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

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PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000044576 (2)

1. Corporation Name

ALPHA OMEGA CONSULTING SERVICES, INC.

Principal Place of Business

7800 OAKLAND PARK BLVD
SUITE B-303
SUNRISE FL 33351

Mailing Address

7800 OAKLAND PARK BLVD
SUITE B-303
SUNRISE FL 33351-6741

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		05/20/1996		05/20/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		65-0673754		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		Trust Fund Contribution		<input type="checkbox"/>	
24		25		29		30	
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9. Name and Address of Current Registered Agent

ROSS, WINSTON
2341 WEKIVA RIDGE RD
APOPKA FL 32712

10. Name and Address of New Registered Agent

81 Name CHRISTOPHER DALY
82 Street Address (P.O. Box Number is Not Acceptable)
6871 NW 70th PLACE
83
84 City PARKLAND FL 85 Zip Code 33067

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

[Signature]

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

1/6/97

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	PRESIDENT	1.1 TITLE	
NAME	CHRISTOPHER DALY	1.2 NAME	
STREET ADDRESS	7800 W. OAKLAND PARK BLVD. B-303	1.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE, FL. 33351	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	400002280374
NAME		2.2 NAME	-08/28/97--01123--009
STREET ADDRESS		2.3 STREET ADDRESS	****495.00 ****165.00
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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: *[Signature]*

1/6/97 (954) 742-3686

CR2E034 (9/96)