FILE NOW: FILING FEE AFTER MAY 1 IS \$55

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMEN

Sandra B. Mousin Secretary of S

F STATE

DIVISION OF CORPORTIONS

FILED Feb 07 1997 8:00am Secretary of State

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DOCUMENT #	P96000054706	(2)

OMEGA HEALTH, INC.

Principal Place of Business	
G/O MITCHELL D. KLEIN, P.A.	
1120 E HALLANDALE BEACH BLVD	
HALLANDALE FL 33009	
THE DISTRICT I C SOUR	

Mailing Address

C/O MITCHELL D. KLEIN. P.A. 1120 E HALLANDALE BEACH BLV HALLANDALE FL 33000-4432

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MALLANUALE I	rl 33008	MALLANDALE PL 33008	PH32]	i .					
				ĺ		3. Date Incorporated or Qualified 06/26/1996	3a. Da	3a. Date of Last Report	
2. Princ pal P	lace of Business	2a. Mailing Address				4. FEI Number AL OG 701		A	pplied For
21	TOOTH THE	26 25				60 - 1009 101		N.	lot Applicable
Suite, Apt	#, etc.	Suite, Apt #, etc.				5. Certificate of Status Desired			Additional Required
City & State	e du t	City & State				Election Campaign Financing Trust Fund Contribution			May Be I to Fees
Zip 24	Country 25	4 Zip 29	30	untry		This corporation has liability for Florida Statutes		tax under	s. 199.032,
	9. Name and Address of Curren			T		10. Name and Address of New Re	gistered	Agent	
KLE	IN, MITCHELL D			81	Name				
1120 E HALLANDALE BEACH BLVD HALLANDALE FL 33009				82 Street Address (P.O. Box Number is Not Acceptable)					
NAL	THANKE IT 33008			83					
				84	City		FL	85 Zip	Code
office or r	to the provisions of Sections 607 050 registered agent, or both, in the State am familiar with, and accept the obligi	e of Florida. Such change w	as authoriz	ed by	the corporation	ration submits this statement for the parties of directors. I hereby accept	ourpose of pt the app	changing ointment a	its registered s registered
SIGNATURE	Signature regard in productions and registered agr	ent and fille diappiocable ((NOTE: Register	red Age	ent signature required	s when re-instating)	DATE		
12.	OFFICERS AN		13			ADDITIONS/CHANGES TO OFFICE	CERS AND	DIRECTO	RS IN 12
TITLE	D	☐ DELETE	1.1	TITLE				Change	Addition
NAME	FOX, ROBERT		1.2	NAME					
STREET ADDRESS	229 OCEAN BLVD		13	STREET	ADDRESS			:	
C(TY - \$1 - 7#P	GOLDEN BEACH FL 33160		1.4	CITY - S	ST-ZIP	•		•	
THILE		☐ DELETE		TITLE				Change	Addition
NAME:	İ		22	NAME	1				
STREET ADDRESS			2.3	STREET	ADDRESS		1		
CITY - ST - ZIP			2.4	CITY-	ST-ZIP				
TITLE		DELETE		TITLE			······································	Change	Addition
NAME			3.2	NAME					
STREET ADDRESS									
CITY-ST-ZIP			3.3	STREET	ADORESS				
Tillet		DELETE	3.4	STREET CITY-: TITLE				Change	Addition
THEF		DELETE	3.4 4.1	CITY-			·····	Change	Addition
TITEF NAME		☐ DELETE	3.4 4.1 4.2	CITY- TITLE NAME				Change	Addition
TITEF NAME STREET ADDRESS		☐ DELETE	3.4 4.1 4.2 4.3	CITY- TITLE NAME STREET	ST-ZIP ADORESS			Change	Addition
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THEF NAME STREET ADDRESS CITY-ST-ZIP TIFLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	3.4 4.1 4.2 4.3 4.4 5.1 5.2 5.3	CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET	ST-ZIP ADDRESS ST-ZIP ADDRESS			☐ Change	Addition
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THEE NAME STREET ADDRESS GITY-ST-ZIP TH'LE NAME STREET ADDRESS GITY-ST-ZIP THE NAME		☐ DELETE	3.4 4.1 4.2 4.3 4.4 5.1 5.2 5.3 5.4 6.1	CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME	ADORESS ST-ZIP ADDRESS ST-ZIP		. 444-	☐ Change	
NAME STREET ADDRESS CITY - ST - ZIP THE NAME STREET ACORESS CITY - ST - ZIP TITLE		☐ DELETE	3.4 4.1 4.2 4.3 4.4 5.1 5.2 5.3 5.4 6.1 6.2	CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME	ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ADDRESS		. 450-	☐ Change	Addition

4. 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 endicated 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:

CHATURE AND TYPED OF PRINTED WAME OF SIGNING OFFICER OF DIRECTOR

315-612-1519 Daytine Phone #