FILE NOW: FILING FEE AFTER MAY 1 ' 00

PROFIT CORPORATION ANNUAL REPORT

FILED DATE

DIVISION OF CORPORATIONS

FILED
Jun 10, 1999 8:00 am
Secretary of State

06-10-1999 90019 023 ***150.00

DOCUMENT # P96000060391

1. Corporation Name
OMEGA SOFTWARE SOLUTIONS, INC.

Principal Place of Business
1314 TAMPA ROAD
UNIT 124
PALM HARBOR FL 34683

Mailing Address
1314 TAMPA ROAD
UNIT 124
PALM HARBOR FL 34683

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/17/1996

4. FEI Number
59-3392593
☐ 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business
21 822 CHRISTINA CIR
22 Suite, Apt. #, etc.
23 City & State OLDSMAR, FL
24 Zip 34677 25 Country USA

2a. Mailing Address
26 822 CHRISTINA CIR
27 Suite, Apt. #, etc.
28 City & State OLDSMAR, FL
29 Zip 34677 30 Country USA

9. Name and Address of Current Registered Agent
MITCHELL, STEPHEN L
1314 TAMPA ROAD
UNIT 124
PALM HARBOR FL 34683

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 822 CHRISTINA CIRCLE
83
84 City OLDSMAR FL 85 Zip Code 34677

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, typed or print name of registered agent and title if applicable (NOTE: Registered Agent signature is required if any filing) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	MITCHELL, STEPHEN L	
STREET ADDRESS	173 FOXCROFT DR. E.	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PRESIDENT	☒ Change ☐ Addition
12 NAME	MITCHELL, STEPHEN L.	
13 STREET ADDRESS	822 CHRISTINA CIRCLE	
14 CITY-ST-ZIP	OLDSMAR, FL 34677	
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE: 6/9/99 813-891-6767
SIGNATURE AND/OR PRINTED NAME OF STORIES OFFICER OR DIRECTOR Daytime Phone #