Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90115 049 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000015242

1. Corporation Name

NAME

STREET ADDRESS

CITY-ST-ZIP

OMEGA - TRADE & SERVICE, INC.

	· · · · · · · · · · · · · · · · · · ·									
Principal Place of Business		Mailing Address					.,			
19 NEPTUNE AVE NORTH		19 NEPTUNE AVE NORTH								
CLEARWATER F US	·L 33765	CLEARWATER FL 33765 US	AHWATEH FL 33/03			DO NOT WRITE IN THIS SPACE				
		•				3. Date Incorporated or Qualifed				
						02/10/1997				
2. Principal P	ace of Business	2a. Mailing Address				4. FEI Number		Арр	lied For	ļ
21		26			.,	59-3440092			Applicable	l
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A		
22 -	<u> محمد مراب مرجد مراب</u>	27					·	Fee Rec		=:
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution		\$5.00 to Added to		
Zip	Country	28	Country			8. This corporation owes the curr	ant vaar let		7 - 665	ĺ
- '	25		30			Personal Property Tax.	en year nu		□No	ĺ
24	9. Name and Address of Current	<u> </u>	30			10. Name and Address of New F	Registered	Agent		
o. Hallie dita regional of our mining growing and a second of our mining growing growing growing and a second of our mining growing grow				Name			···			
VINC	ENT, MICHAEL S		82	Stroot	Addro	os (B.O. Boy Number is Not Accent	oble)			ĺ
19 NEPTUNE AVE NORTH			02	Sireet	Address (P.O. Box Number is Not Acceptable)		ишку			
CLE	ARWATER FL 33765		83							
	•		84	City		·		85 Zip C	nde	
				,			FL	, ` `		
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State or familiar with, and accept the obligation	f Florida. Such change was all ons of, Section 607.0505, Flor	ithorized by ida Statutes	tne corp	oration	n's board of directors. I hereby accep	л те арроп	changing its r	registered istered	
	Signature, typed or printed name of registered agent			nt signature	equired	when reinstating) ADDITIONS/CHANGES TO OF	DATE	IN DIRECTO	20 IN 12	1
12.	OFFICERS AND DIRECTORS DELETE		13.	13.		ADDITIONS/CHANGES TO OF	FICERS AN	Change	Addition	
TITLE .	_		1.2 NAME		1			J		
NAME STREET ADDRESS	C/O 19 NEPTUNE AVENUE NOF	OTU .		TADORESS	137	199 PARK BLVD #2 MINDLE, FL 331	67			
	CLEARWATER FL 33765		1.4 CITY-ST-ZIP		ČE	MINNIE FL 337	76			
CITY-ST-ZIP	VPD VPD	DELETE 2.1 TI		E		4.11000		Change	Addition	
NAME	77-1		2.2 NAME	2.2 NAME		•				
STREET ADDRESS C/O 19 NEPTUNE AVENUE NORTH		2.3 STREET ADDRESS		1					1	
City-ST-ZiP 🚓 .	OLEANWATER EL COZOE		- 2. 4 CITY-ST-ZIP		5	فأواف المويسا الوال استيواد		• <u>•• •</u> • • • •	ا نقب	
TITLE .			3.1 TITLE					☐ Change	Addition	
NAME			3.2 NAME		1					١
STREET ADDRESS	•	3.3 5		TADDRESS						
CITY-ST-ZIP			3.4. CITY-	3.4. CITY-ST-ZIP						
TITLE	2000	., DELETE	4.1 TITLE					Change	Addition	ŀ
NAME ·	MONTH NO. 19		4. 2 NAME							
STREET ADDRESS			4.3 STREE	TADDRESS	ļ					
CITY-ST-ZIP	ITY-ST-ZIP			4.4 CITY-ST-ZIP						ļ
TITLE		☐ DELETÉ	5.1 TITLE					☐ Change	☐ Addition	
NAME		•	5.2 NAME		1	•				Į
STREET ADDRESS				TADDRESS						
CITY-ST-ZIP			5.4 CITY- 8	ST-ZIP	 			Change	Addition	
TITLE:		□ DELETE	0.1 111LE		1			☐ ∧usude	☐ vaginou	1

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.

62 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP