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 # P98000069561

1. Corporation Name
OMEGA ARCHITECTURAL PRODUCTIONS INC.

Principal Place of Business
100 AVE A, Suite 2E
Fort Pierce Fl. 34950

Mailing Address
100 AVE A, Suite 2E
Fort Pierce FL 34950

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified to Do Business in Florida: per David Cleveland 3-24-99

4. FEI Number: 58-2450674 [ ] 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
Suite, Apt. #, etc.
22
City & State
23
24 Zip 25 Country

2a Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
29 Zip 30 Country

9. Name and Address of Current Registered Agent
DAVID M. Cleveland
100 Ave. A, Suite 2E
Fort Pierce FL 34950

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

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 printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12.	OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	President / D / MD	[ ] DELETE	11 TITLE [ ] Change [ ] Addition
NAME	DAVID M CLEVELAND		12 NAME
STREET ADDRESS	100 Ave A Suite 2E		13 STREET ADDRESS
CITY-ST-ZIP	Fort Pierce Fl 34950		14 CITY-ST-ZIP
TITLE	Vice President / D	[ ] DELETE	21 TITLE
NAME	V.J. Gerley (Victor)		22 NAME
STREET ADDRESS	3190 N.E. Maple AV.		23 STREET ADDRESS
CITY-ST-ZIP	Jensen Beach FL 34957		24 CITY-ST-ZIP
TITLE	Vice President / D	[ ] DELETE	31 TITLE
NAME	John Foster		32 NAME
STREET ADDRESS	11205 Ridge Ave		33 STREET ADDRESS
CITY-ST-ZIP	Fort Pierce Fl 34982		34 CITY-ST-ZIP
TITLE	T	[ ] DELETE	41 TITLE [ ] Change [ ] Addition
NAME	DAVID M. CLEVELAND		42 NAME
STREET ADDRESS	100 AVE A Suite 2E		43 STREET ADDRESS
CITY-ST-ZIP	Fort Pierce Fl 34950		44 CITY-ST-ZIP
TITLE		[ ] DELETE	51 TITLE [ ] Change [ ] Addition
NAME			52 NAME
STREET ADDRESS			53 STREET ADDRESS
CITY-ST-ZIP			54 CITY-ST-ZIP
TITLE		[ ] DELETE	61 TITLE [ ] Change [ ] Addition
NAME			62 NAME
STREET ADDRESS			63 STREET ADDRESS
CITY-ST-ZIP			64 CITY-ST-ZIP

800002824658--7
-03/31/99--01009--010
******8.75 ******8.75

800002824658--7
-03/31/99--01009--011
****150.00 ****150.00

DB 3-24-99

CR2E034 (11/98)

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: David M. Cleveland President DAVID M. Cleveland 3/17/99 561-464-2010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #