

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H54831** (3)

1. Corporation Name
OMEGA PLUS, INC.



Principal Place of Business: **C/O JAMES L. JENNINGS, 9223 ALLWOOD PL, ORLANDO FL 32825**
Mailing Address: **C/O JAMES L. JENNINGS, 9223 ALLWOOD PL, ORLANDO FL 32825**

2. Principal Place of Business: [21] Suite, Apt. #, etc. [22] City & State [23] Zip [24] Country [25] [26] Suite, Apt. #, etc. [27] City & State [28] Zip [29] Country [30]

3. Date Incorporated or Qualified: **05/02/1985**
3a. Date of Last Report: **05/01/1995**
4. F.I.I. Number: **59-2545743**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

g. Name and Address of Current Registered Agent

**JENNINGS, JAMES L.
9223 ALLWOOD PL
ORLANDO FL 32825**

10. Name and Address of New Registered Agent

[81] Name
[82] Street Address (P.O. Box Number is Not Acceptable)
[83]
[84] City [85] Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0605 and 607.1504, 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 607.0504, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Current Registered Agent

Signature of Secretary or Assistant Secretary

Date

12. OFFICERS AND DIRECTORS
[] DELETE
TITLE: []
NAME: **DANIELS, CLARENCE J.**
STREET ADDRESS: **13288 KENNY RD**
CITY-ST-ZIP: **WOODBIDGE VA**
[] DELETE
TITLE: []
NAME: **DANIELS, CLARENCE J.**
STREET ADDRESS: **13288 KENNY RD**
CITY-ST-ZIP: **WOODBIDGE VA**
[] DELETE
TITLE: []
NAME: []
STREET ADDRESS: []
CITY-ST-ZIP: []
[] DELETE
TITLE: []
NAME: []
STREET ADDRESS: []
CITY-ST-ZIP: []
[] DELETE
TITLE: []
NAME: []
STREET ADDRESS: []
CITY-ST-ZIP: []

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
[] Change [] Addition
TITLE: []
NAME: []
STREET ADDRESS: []
CITY-ST-ZIP: []
[] Change [] Addition
TITLE: []
NAME: []
STREET ADDRESS: []
CITY-ST-ZIP: []
[] Change [] Addition
TITLE: []
NAME: []
STREET ADDRESS: []
CITY-ST-ZIP: []
[] Change [] Addition
TITLE: []
NAME: []
STREET ADDRESS: []
CITY-ST-ZIP: []
[] Change [] Addition
TITLE: []
NAME: []
STREET ADDRESS: []
CITY-ST-ZIP: []

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or person 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Clarence J. Daniels

APR 10, 1996

CR2E034 (12/95)