

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

000636

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 JUN 25 PM 2: 50

DOCUMENT # P98000103421

1. Corporation Name
MARK O'MEARA, INC.



Principal Place of Business: IMG CENTER, STE. 100, 1360 E. 9TH ST. CLEVELAND OH 44114-1782
Mailing Address: IMG CENTER, STE. 100, 1360 E. 9TH ST. CLEVELAND OH 44114-1782

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/11/1998	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3550835	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	Country	29	Country	7. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	P/D Mark O'Meara
STREET ADDRESS		1.3 STREET ADDRESS	6312 Deacon Circle
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Windermere, FL 34796
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	T/S/O Alicia O'Meara
STREET ADDRESS		2.3 STREET ADDRESS	6312 Deacon Circle
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Windermere, FL 34796
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Asst. S Peter Carfagna
STREET ADDRESS		3.3 STREET ADDRESS	40 IRI, IMG Center 1360 East 9th St.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Cleveland, OH 44114-1782
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	400002925594--6
STREET ADDRESS		4.3 STREET ADDRESS	-07/07/99--01081--004
CITY-ST-ZIP		4.4 CITY-ST-ZIP	****550.00 ****550.00
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 as an attachment with an address, with all other like empowered.

SIGNATURE: Mark O'Meara 6/7/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

SP

FL

Application for Automatic Extension of Time To File Corporation Income Tax Return

OMB No. 1545-0233

Name of corporation MARK O'MEARA, INC.	Employer identification number 59-3550835
Number, street, and room or suite no. (If a P.O. box or outside the United States, see instructions.) c/o IAI, IMG CENTER #100, 1360 EAST 9th ST.	
City or town, state, and ZIP code CLEVELAND, OH 44114-1782	

Check type of return to be filed:

<input checked="" type="checkbox"/> Form 1120	<input type="checkbox"/> Form 1120-FSC	<input type="checkbox"/> Form 1120-ND	<input type="checkbox"/> Form 1120-REIT	<input type="checkbox"/> Form 1120-SF
<input type="checkbox"/> Form 1120-A	<input type="checkbox"/> Form 1120-H	<input type="checkbox"/> Form 1120-PC	<input type="checkbox"/> Form 1120-RIC	
<input type="checkbox"/> Form 1120-F	<input type="checkbox"/> Form 1120-L	<input type="checkbox"/> Form 1120-POL	<input type="checkbox"/> Form 1120S	

Form 990-C Form 990-T **Note: Other 990 filers (i.e., Form 990, 990-EZ, 990-BL, 990-PF, and certain filers of Form 990-T (see instructions)) must use Form 2758 to request extension of time to file.**

Form 1120-F filers: Check here if you do not have an office or place of business in the United States

1 a I request an automatic 6-month (or, for certain corporations, 3-month) extension of time until SEPTEMBER 15, 1999, to file the income tax return of the corporation named above for calendar year or tax year beginning DECEMBER 11, 1998, and ending DECEMBER 31, 1998.

b If this tax year is for less than 12 months, check reason:
 Initial return Final return Change in accounting period Consolidated return to be filed

2 If this application also covers subsidiaries to be included in a consolidated return, complete the following:

Name and address of each member of the affiliated group	Employer identification number	Tax period

3 Tentative tax (see instructions)	3		5
4 Credits:			
a Overpayment credited from prior year	4a		
b Estimated tax payments for the tax year	4b	11	
c Less refund for the tax year applied for on Form 4466	4c	()	
e Credit for tax paid on undistributed capital gains (Form 2439)	4e		
f Credit for Federal tax on fuels (Form 4136)	4f		
d Total. Add lines 4d through 4f	4d	11	
5 Total. Add lines 4d through 4f	5		11
6 Balance due. Subtract line 5 from line 3. Deposit this amount electronically or with a Federal Tax Deposit (FTD) Coupon (see instructions)	6		NONE

Signature - Under penalties of perjury, I declare that I have been authorized by the above-named corporation to make this application, and to the best of my knowledge and belief, the statements made are true, correct, and complete.

(Signature of officer or agent)

CRA
(Title)

3/15/99
(Date)