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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

May 06 1997 8:00am

Secretary of State

(813) 734-0555

4/12/197

DOCUMENT # P96000103907 (7)

1121 OVERCASH, INC.

Principal Place of Business Mailing Address							1 4 fi 80100 11ff 1 9 111 80 311	
1121 OVERCAS DUNEDIN FL 34		1121 OVERCASH DRIVE DUNEDIN FL 34698-5522						
						 Date Incorporated or Qualified 12/27/1996 	3a. Date of Last F	Report
□			Mailing Address			DFEI Number 59 - 3428515	 	oplied For
Suite, Apt.	# etc	26 Suita Apt	Suite, Apt. #, etc.			3773728313		ot Applicable
22		27	27			5. Certificate of Status Desired	1 1 1 1	Additional equired
City & State		City & State				6. Election Campaign Financing		May Be
Zip			Zip Country		Trust Fund Contribution		to Fees	
24	25 29 30		¬ ´		8. This corporation has liability for intengible tax under s. 199.032, Florida Statutes Yes No		. 199.032,	
	g. Name and Address of Currer		nt			10. Name and Address of New Fet		
SCHWARTZ, STEVEN P					Name			
1121 OVERČASH DRIVE DUNEDIN FL 34698				82	Street Add	ress (P.O. Box Number is Not Acceptable	9)	
UUNI	EUIN FL 34090			83				
				84	City		FL 85 Zip	Code
	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the oblig-					poration submits this statement for the pution's board of directors. I hereby accept	rpage of changing if	ts registered registered
SIGNATURE		•						ĺ
40				nt signature requ	ired when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS DITTE		DITE	13. 1.1 TOLE		ADDITIONS/CHANGES TO OFFICE		
NAME	CAP (I/IP)A/(DITTIE	1.2 NAME			L Change	Addition
STREET ADDRESS	Steven Schwer	ξ2,		1.3 STREET	ADDRESS			
CITY-\$1-ZIP	Steven Schwer 1121 overcash Dunadin FC 3	4698	1.4 CITY-ST-ZIP		ł			
TITLE	vice President DELE		DELETE	2.1 TITLE			Change	Addition
RAME	Robert Neuwirth			2.2 NAME				
STREET ADDRESS	301 0001 -101			23 STREET	AODRESS			
CITY-ST-ZIP			D/147	2 4 C 1Y-S1-Z P				
TITLE	☐ DELETE		DETETE	311111			☐ Change	Addition
NAME Street address				3.2 NAME 3.3 STREET ADDRESS				
CITY-ST-ZIP				3.4. CITY - S				
TITLE			DELETE	4.1 TITLE	1-20		Change	Addition
NAME		_		4. 2 NAME				<u></u>
STREET ADDRESS				4.3 STREET	ADDRESS			
CITY-ST-ZIP				4.4 CITY - S	1- Z IP			
TITLE	DELETE		DELETE	5.1 T(T), E			☐ Change	Addition
NAME				5 2 NAME				
STREET ADDRESS				5.3 STREET	ADDRESS			
CITY-ST-ZIP	**		Direct	5.4 CITY - S	- ZIP			
TITLE		Ц	DELETE	6.1 117LE			☐ Change	L_ Addition
NAME STOEST ANADESS				6.2 NAME	100000			
STREET ADDRESS				6.3 STREET	ADDRESS			

14. I do 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 of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the received or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or on an attachment with an address.