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PROF(T CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Kathérine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000103907

1. Corporation Name

1121 OVERCASH, INC.

FILED May 14, 1999 8:00 am Secretary of State

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							Incorporated or (Quameu				
							27/19 <u>96</u>					
2. Principal Pla	ace of Business	2a. Mailing Add	dress			4. FEI N				Ш	Applied Fo	
21		26				59-3	<u>34285 15</u>			للب	Not Applica	ible
Suite, Apt. #	#, etc.	Suite, Apt.	#, etc.			5 Cortif	fcate of Status De	esired			5 Additiona	d l
22		27				S. Cerui	icale of Status De	35/160		Fee	Required	
City & State	e	City & Stat	e			6. Electi	ion Campaign Fir	nancing		\$5.0	00 May Be	
23		28					Fund Contribution				ed to Fees	ļ
Zip	Country	Zip		Count	ν	8 This	corporation owes	the current v	ear Intar	naible		
─ `	25	29	3	Δ	•		onal Property Tax	_	_	∐ Yes	□No	
24	9. Name and Address of Curr			<u> </u>			e and Address					_
	5. Name and Address of Curr	ent Registered Agen	<u> </u>	8	1 Name	10. 10.				<u> </u>		
SCH/	WARTZ, STEVEN P			-	1101110							
	OVERCASH DRIVE			8	2 Street A	Address (P.O. Bo	ox Number is No	Acceptable)				
						_						
DUNI	EDIN FL 34698			8	3							
				-	4 00	_				05	Zip Code	
				8	4 City				FL	85 2	lip Code	ļ
44 Burguant t	to the provisions of Sactions 607.0	502 and 607 1508 Flo	rida Statutes	the abo	ve-named c	corporation subm	nits this statemer	t for the purp	ose of cl	hanging	its register	ed
i i. Pursuant i	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obli	te of Florida. Such cha	inge was aut	horized b	y the corpor	ration's board of	f directors. I here	by accept the	appoint	ment a	s registered	
office or re	m familiar with, and accept the obli-	gations of Section 607	7 ÑSOS Florid	La Chance								
office or re agent. I ar	iii iaiiiiai iiiii aila aabapi	•	1.0000, 1 10110	ia Statute	· 5 .							
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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: _