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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT #

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Apr 21	1997	8:00am
Secre	tary o	f State



Principal Place 200 E ROBINS P.O. BOX 111 ORLANDO FL	ON ST SUITE 875	Mailing Address  200 E. ROBINSON ST 8 P.O. BOX 111 ORLANDO FL 32802-0119 US			3. Date Incorporated or Qualifie	d <b>3a.</b> Da	ate of Last F	
	Place of Business	2a. Mailing Address		·	4. FEI Number			pplied For
Sulte, Apt	# Ala	Suite, Apt. #, etc.	<del> </del>		59:0386870			ot Applica
22	π, θιο.	27			5. Certificate of Status Desired		<b>+</b>	Additional equired
Olty & Stat	le .	City & State			6. Election Campaign Financing			May Be
23		28			Trust Fund Contribution			to Fees
Zip	Country	Zip	Country		8. This corporation has liability for			. 199.032
24	25	29	30		Florida Statutes		] No	
<u> </u>	9. Name and Address of Current	Hegistered Agent	81	Name	10. Name and Address of New	Hegisterea	Agent	
	KER, MARION J.			TNATTIE				
	E. ROBINSON STREET		82	Street Add	Iress (P.O. Box Number is Not Accept	table)		
	i. 876 ANDO FL 32801		83					
UNL	MUDO FL 32001							
			84	City		FL	<b>85</b> Zip	Code
	registered agent, or both, in the State of m familiar with, and accept the obligat Signature, typed or printed name of registered agent				poration submits this statement for the tion's board of directors. I hereby acc and when renstating)	DATE		
SIGNATURE	Signature, typed or printed name of registered agent	and little if applicable (NC	DTE Registered Ager			DATE	DIRECTO	RS IN 12
Office or I agent. I a SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent OFFICERS AND	and little if applicable (NC	DTE Registered Ager		irod when reinstaling)	DATE		RS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent	and little if applicable (NC	TE Registered Ager  13. 1.1 TITLE	il signature requi	irod when reinstaling)	DATE	DIRECTO	RS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND OVERSTREET, SARA L	and title if applicable (NC DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME	il signature requi	irod when reinstaling)	DATE	DIRECTO	RS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	OFFICERS AND  OFFICERS AND  OVERSTREET, SARA L  1795 BARCELONA WAY  WINTER PARK FL 32789  D	and little if applicable (NC	13. 1.1 TITLE 1.2 NAME 1.3 STREET	il signature requi	irod when reinstaling)	DATE	DIRECTO	RS IN 12
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## OVERSTREET INVESTMENT COMPANY CORPORATION ANNUAL REPORT 1997 DOCUMENT #142289

TITLE:
NAME:
ADDRESS:
CITY, STATE, ZIP:

WALLER, E. E. III 3511 HARGILL DRIVE ORLANDO, FL. 32806