

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 14 PM 3:57

DOCUMENT # 235723 (4)
1. Corporation Name
OVERLOOK GROVES, INC.

Principal Place of Business Mailing Address
RT. 1 RT. 1
P.O. BOX 3A P.O. BOX 3A
ONA FL 33865-6701 ONA FL 33865-6701

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/22/1960 3a. Date of Last Report 06/23/1994

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

4. FEI Number 59-6067262 Applied For Not Applicable

22 City & State 27 City & State

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 Zip Country 28 Zip Country

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 Zip Country 29 Zip Country 30 Zip Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~ELDRIDGE ISLA
RT. 1, BOX 3-A
ONA FL 33865~~

81 Name DEBORAH H. LAKE
82 Street Address (P.O. Box Number is Not Acceptable) 301 Garden Drive
83 Wauchula, FL 33893
84 City FL 85 Zip Code

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 *Deborah Hannah Lake* DATE 2-10-95
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when transferring)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME ABRONS, HERBERT L.
STREET ADDRESS (50) MADISON AVE.
CITY-ST-ZIP NEW YORK NY

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS 510 Madison Ave.
1.4 CITY-ST-ZIP

TITLE V
NAME CHANG, JASON
STREET ADDRESS 510 MADISON AVE
CITY-ST-ZIP NEW YORK NY

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VT
NAME ABRONS, RICHARD S.
STREET ADDRESS 437 MADISON AVE.
CITY-ST-ZIP NEW YORK NY

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE S
NAME COLEMAN, SYLVIA M
STREET ADDRESS 510 MADISON AVE
CITY-ST-ZIP NEW YORK NY

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE (S)
NAME ARANOW, RITA A
STREET ADDRESS 47 COLBY LANE
CITY-ST-ZIP SCARSDALE NY

5.1 TITLE D Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(b), 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 307, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *H. L. Abrons* Herbert L. Abrons Feb 8/95 813.866
Signature and typed or printed name of signing officer or director Date (Include Time)