

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Jun 21 1996 8:00 am
Secretary of State

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

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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt #, etc 26 Suite, Apt #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

3. Date Incorporated or Qualified **04/22/1960** 3a. Date of Last Report **02/14/1995**
4. FEI Number **59-6067262** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**LAKE, DEBROAH H
301 GARDEN DR
WAUCHULA FL 33873**

10. Name and Address of New Registered Agent
81 Name **Denise Wagner**
82 Street Address (P.O. Box Number is Not Acceptable) **4521 Mercado Dr**
83
84 City **Sebring** FL 85 Zip Code **33872**

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: *Denise Wagner* DATE: **6/17/96**
Signature Types or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	12 NAME
	P ABRONS, HERBERT L. 510 MADISON AVE NEW YORK NY	<input type="checkbox"/> DELETE	13 STREET ADDRESS
	V CHANG, JASON 510 MADISON AVE NEW YORK NY	<input type="checkbox"/> DELETE	14 CITY - ST - ZIP
	VT ABRONS, RICHARD S. 437 MADISON AVE. NEW YORK NY	<input type="checkbox"/> DELETE	21 TITLE
	S COLEMAN, SYLVIA M 510 MADISON AVE NEW YORK NY	<input type="checkbox"/> DELETE	22 NAME
	D ARANOW, RITA A 47 COLBY LANE SCARSDALE NY	<input type="checkbox"/> DELETE	23 STREET ADDRESS
		<input type="checkbox"/> DELETE	24 CITY - ST - ZIP
		<input type="checkbox"/> DELETE	31 TITLE
		<input type="checkbox"/> DELETE	32 NAME
		<input type="checkbox"/> DELETE	33 STREET ADDRESS
		<input type="checkbox"/> DELETE	34 CITY - ST - ZIP
		<input type="checkbox"/> DELETE	41 TITLE
		<input type="checkbox"/> DELETE	42 NAME
		<input type="checkbox"/> DELETE	43 STREET ADDRESS
		<input type="checkbox"/> DELETE	44 CITY - ST - ZIP
		<input type="checkbox"/> DELETE	51 TITLE
		<input type="checkbox"/> DELETE	52 NAME
		<input type="checkbox"/> DELETE	53 STREET ADDRESS
		<input type="checkbox"/> DELETE	54 CITY - ST - ZIP
		<input type="checkbox"/> DELETE	61 TITLE
		<input type="checkbox"/> DELETE	62 NAME
		<input type="checkbox"/> DELETE	63 STREET ADDRESS
		<input type="checkbox"/> DELETE	64 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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: *Jason Chang* DATE: **6-17-96** 941-735-1144
Signature Types or printed name of signing officer or director. Date City and State

CR2E034 (3/96)