

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

FILED

May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

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



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 4406 BRIDGES RD. ONA FL 33865-6701 US
Mailing Address: 4406 BRIDGES RD. P.O. BOX 64 ONA FL 33865-6701 US

3. Date Incorporated or Qualified: 04/22/1960
4. FEI Number: 59-8067262
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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields for Suite, City, State, Zip, and Country.

9. Name and Address of Current Registered Agent: WAGNER, DENISE, 4521 MERCADO DR, SEBRING FL 33872

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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: Denise Wagner, Business Mgr., 4-20-98

12. OFFICERS AND DIRECTORS

TITLE	C	DELETE
NAME	ABRONS, HERBERT L.	
STREET ADDRESS	610 MADISON AVE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	P	DELETE
NAME	CHANG, JASON	
STREET ADDRESS	510 MADISON AVE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VT	DELETE
NAME	ABRONS, RICHARD S.	
STREET ADDRESS	437 MADISON AVE.	
CITY-ST-ZIP	NEW YORK NY	
TITLE	S	DELETE
NAME	COLEMAN, SYLVIA M	
STREET ADDRESS	510 MADISON AVE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	D	DELETE
NAME	ARANOW, RITA A	
STREET ADDRESS	47 COLBY LANE	
CITY-ST-ZIP	SCARSDALE NY	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Change	Addition
4.2 NAME	Sec	
4.3 STREET ADDRESS	Latha Natarajan	
4.4 CITY-ST-ZIP	510 Madison Ave NY, NY 10022	
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Change	Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

SIGNATURE: Jason Chang, 4-20-98, 941 735-1144

CP2E034 (10/97)