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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.

Principal Place of Business

4406 BRIDGES RD.
P.O. BOX 6A
ONA FL 33865-6701
US

Mailing Address

4406 BRIDGES RD.
P.O. BOX 6A
ONA FL 33865-6701
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/22/1960

4. FEI Number

59-8067262

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 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 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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 Denise Wagner
Signature, typed or printed name of registered agent and title if applicable

Business Mgr.
(NOTE: Registered Agent's signature required when reinstating)

4-20-98
DATE

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 JASON CHANG 111 28 941 735-1144

CP2E034 (10/97)