

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90180 042 ***150.00

DOCUMENT # 235723

1. Corporation Name

OVERLOOK GROVES, INC.



Principal Place of Business

**4406 BRIDGES RD.
P.O. BOX 3A
ONA FL 33865-6701
US**

Mailing Address

**4406 BRIDGES RD.
P.O. BOX 3A
ONA FL 33865-6701
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/22/1960

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

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 Zip Country

29 Zip 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, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

C
ABRONS, HERBERT L.
510 MADISON AVE
NEW YORK NY

1.1 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

P
CHANG, JASON
510 MADISON AVE
NEW YORK NY

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

VT
ABRONS, RICHARD S.
437 MADISON AVE.
NEW YORK NY

2.1 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

S
NATARAJAN, LATHA
510 MADISON AVE
NEW YORK NY 10022

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

D
ARANOW, RITA A
47 COLBY LANE
SCARSDALE NY

3.1 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-99

941-735-1144

Date

Daytime Phone #

CR2E034 (1/1/98)