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Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90180 042 ***150.00

04/23/99

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # 235723

1. Corporation Name
OVERLOOK GROVES, INC.



DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified
04/22/1960

4. FEI Number
59-6067262

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
 21 Suite, Apt. #, etc.

2a. Mailing Address
 26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip 25 Country

29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WAGNER, DENISE
4521 MERCADO DR
SEBRING FL 33872

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 DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

TITLE **C**
 NAME **ABRONS, HERBERT L.**
 STREET ADDRESS **510 MADISON AVE**
 CITY-ST-ZIP **NEW YORK NY**

1.1 TITLE
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

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

2.1 TITLE
 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
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE **S**
 NAME **NATARAJAN, LATHA**
 STREET ADDRESS **510 MADISON AVE**
 CITY-ST-ZIP **NEW YORK NY 10022**

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

TITLE **D**
 NAME **ARANOW, RITA A**
 STREET ADDRESS **47 COLBY LANE**
 CITY-ST-ZIP **SCARSDALE NY**

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

TITLE DELETE

6.1 TITLE
 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, with all other like empowered.

SIGNATURE:

[Handwritten 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)