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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

824549 **DOCUMENT #**

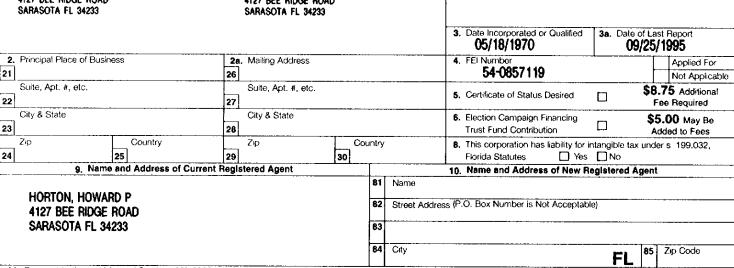
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OVERLORD INVESTMENTS INC

Mailing Address

4127 BEE RIDGE ROAD SARASOTA FL 34233

4127 BEE RIDGE ROAD SARASOTA FL 34233



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.

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SIGNATURE	Signature, typed or printed name of registered agent and title	1 applicable (I	NOTE: Registered Agent signature recjuired	when reinstating	DATE	
12.	OFFICERS AND DIRECTORS		13.		ANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VS	□ DELETE	1. 1 TITLE		☐ Change	Addition
NAME	HORTON, HOWARD P		1.2 NAME			
STREET ADDRESS	4127 BEE RIDGE ROAD		1.3 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA, FL 00000		1.4 CiTY-ST-ZIP			
TITLE	PD	☐ DELETE	2. 1 TITLE		Change	Addition
NAME	HORTON, REX S		2.2 NAME			
STREET ADDRESS	4127 BEE RIDGE ROAD		2 3 STREET ADDRESS			
City-St-ZIP	SARASOTA, FL 00000	·	2.4 CITY - ST - ZIP			
TITLE		☐ DELETE			☐ Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4 CITY-ST-ZIP			
TITLE		☐ DELETE	4. 1 TITLE		☐ Change	☐ Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-S1-ZIP			4.4 CITY-ST-ZIP			
TOLE		☐ DELETE	5 1 TITLE		Change	☐ Addition
NAME			5 2 NAME			
STREET ADDRESS			53 STREET ADDRESS			
CITY - ST - ZIP			5.4 CiTY-ST-ZIP			
TOTLE		DELETE	6 1 TITLE		☐ Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CFY+ST-ZiP			6.4 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 eath; that I am an officer or director of the corporation of 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

SIGNATURE:

Dale

Daytinie Phone #