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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 824549

(0)

OVERLORD INVESTMENTS INC

Principal Place of Business Mailing Address
4127 BEE RIDGE ROAD 4127 BEE RIDGE ROAD

4127 BEE RIDGE ROAD SARASOTA FL 34233			4127 BEE RIDGE ROAD SARASOTA FL 34233-2556						
						3. Date Incorporated or Qual 05/18/1970		ate of Last F <b>30/1996</b>	eporl
2. Principal Place of Business			2a, Mailing Address			4. FEI Number		A	oplied For
21			26			54-0857119		No	ot Applicable
Sulte, Apt. #, etc.		1.2	Suite, Apt. #, etc.			5. Certificate of Status Desire	ed 🔀	\$8.75 Additional Fee Required	
City & State	θ	L	City & State			6. Election Campaign Finance	ing	\$5.00	May Be
23	<del></del>		8			Trust Fund Contribution		Added	to Fees
Zip	Count	ry _	F-3 ' F-3		ry	8. This corporation has liability for intangible tax under s. 199.032,			. 199.032.
24	25		9	30		Florida Statutes		No	
	9. Name and Addre	ess of Current Re	gistereo Agent	<del></del>	1 Name	10. Name and Address of Ne	w Hegistered	Agent	
	TON, HOWARD P			1	Name				
4127 BEE RIDGE ROAD				1	2 Street Add	ress (P.O. Box Number is Not Acc	ceptable)		<del></del> ,
SAR	ASOTA FL 34233			 	3				
					·3				
				<u> </u>	4 City		FL	<b>85</b> Zip	Code
office or re	to the provisions of Sec egistered agent, or both m familiar with, and acc	h, in the State of Fi	lorida. Such chance	was authorized	by the corpora	poration submits this statement for tion's board of directors. I hereby	the purpose of accept the app	f changing ( pointment as	is registered registered
SIGNATURE	Signature, typed or printed name	e of registored agent and	Fine if applicable	(NOTE: Registered	tgont signature requi	red when reinstating)	DATE		
12.		FFICERS AND DI	RECTORS	13.		ADDITIONS/CHANGES TO	OFFICERS AND	DIRECTOR	S IN 12
TITLE	VS		DELE1	E 1.17(TL	<b>B</b>	D PS (MOU)		<b>Change</b>	Addition
NAME	HORTON, HOWAR			1.2 NAN	E				
STREET ADDRESS	4127 BEE RIDGE F			1.3 STR	EF1 ADDRESS				
CITY-ST-ZIP	SARASOTA, FL 00	000_		1.4 C(T)	-ST-ZIP				
TITLE	PD		☐ DELET	TE 21 TITL	×	5 V AT A		<b>Change</b>	Addition
NAME	HORTON, REX S			2.2 NAM	lt.				
STREET ADDRESS	4127 BEE RIDGE F			2.3 STR	E1 ADDRESS				
CITY-ST-ZIP	SARASOTA, FL 00	000			r - ST - ZIP				
TITLE	i		DELET	TE 3.1 TITL	f J			L. Change	Addition
NAME				3.2 NAN	IE [				
STREET ADDRESS				3.3 STR	TET ADDRESS				
CITY-ST-ZIP			·····		Y - S1 - ZIP		<del></del>		
			☐ DELET	IE 4.1 TITL	E ]			☐ Change	Addition Addition
TITLE					l l				
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TITLE				1	AE FET ADDRESS				
TITLE NAME STREET ADDRESS				4 3 STR 4 4 GITY					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ DELE	4 3 STR 4 4 GITY	FFT ADDRESS			Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE				4 3 STR 4 4 CITY TE 5.1 TITL 5.2 NAM	FFT ADDRESS -ST-ZIP			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			DELET	4 3 STR 4 4 GITY FE 5.1 TITL 5.2 NAM 5.3 STR 5.4 CITY	FET ADDRESS -ST-ZIP E				
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I do needy certify that his minormation supplied with this hing does not quainly 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 required 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, for a attachment with an address.

CIONATURE.

A Horlon

Howard D Hoom

4/20/99

OUL SHILL MANA

**FILED** 

May 01 1997 8:00am

Secretary of State