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

DOCUMENT # 824549 1. Corporation Name

OVERLORD INVESTMENTS INC

Principal Place of Business Mailing Address						((88/8) (41/4 (15)) 8/80) 9/// 2//			,,,,,,	
4127 BEE RIDGE ROAD 4127 BEE RIDGE ROAD					ĺ					
SARASOTA FL 34233		SARASOTA FL 34233			DO NOT WRITE IN THIS SPACE					
						3. Date Incorporated or Qualifed				,
						05/18/1970			,	
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		L		ed For
21		26				54-0857119				pplicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			د انتت	5. Certifcate of Status Desired	X		75 Ađ e Requ	ditional
City & State		City & State				6. Election Campaign Financing		\$5.	00 м	av Be
23		28				Trust Fund Contribution			ded to	
Zip	Country Zip Cou				8. This corporation owes the current year Intangible					,
24	25	29 30				Personal Property Tax.		∐ Yes]No
	9. Name and Address of Current	t Registered Agent	81	N		10. Name and Address of New R	egistered A	tgent		
нов	TON, HOWARD P		01	Name						
4127 BEE RIDGE ROAD			82	Street	Address	s (P.O. Box Number is Not Accepta	ble)			
SARASOTA FL 34233			83	 						
,										
ļ			84	City			FL	85	Zip Co	de
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes, t	the abov	e-named	согрога	tion submits this statement for the	purpose of o	hangin	g its re	gistered
office or n	egistered agent, or both, in the State of manifer with, and accept the obligat	of Florida. Such change was autho	onzed by	the corpo	oration's	s board of directors. I hereby accep	t the appoin	imeni a	as regis	stered
SIGNATURE										
	Signature, typed or printed name of registered agent			nt signature re	equired wh	en reinstating) ADDITIONS/CHANGES TO OF	DATE	n DIBE	CTOR	S IN 12
12.	OFFICERS ANI	D DIRECTORS	13.	- 	l	ADDITIONS/CHANGES TO OF	TOERS AN	Cha		Addition
TITLE	PS HODTON HOWARD D	- Detere	1.2 NAME							
NAME	MACZ DEE DIDOE DOAD									
STREET ADDRESS				T ADDRESS						
CITY-ST-ZIP			1.4 CITY-S 2.1 TITLE	T-ZIP	-		 -	□] Cha	nge	Addition
TITLE	UODTON DEV C	_								
NAME	HORTON, REX S		22 NAME							}
STREET ADDRESS	4127 BEE RIDGE ROAD			TADDRESS		 				
CITY-ST-ZIP			2.4 CITY-5	ST-ZIP			 -	[] Cha	nge	Addition
TITLE		- DELETE	3.1 IIILE							
NAME :				TADDRESS						
STREET ADDRESS										ļ
CITY-ST-ZIP		☐ DELETE	3.4. CITY-5 4.1 TITLE	ST-ZIP				[] Cha	nge	Addition
TITLE ,		C DELETE								
NAME			4. 2 NAME							
STREET ADDRESS				TADDRESS						
CITY-ST-ZIP		ET SELETE	4.4 CITY-8	IT-ZIP				☐] Cha	nne	Addition
TITLE	•	☐ DELETE	5.1 TITLE 5.2 NAME					C) Cila	yc	
NAME				T ADDDCCC						
STREET ADDRESS	[T ADDRESS						
CITY-ST-ZIP			5.4 CITY-S 6.1 TITLE	ii-ZIP	-			["] Cha	nge.	Addition
TITLE		☐ DELETE	O. I IIILE					LJUII	uge	المالمال المالمال

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

941 371 1000

FILED

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90184 012 ***158.75