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

SIGNATURE:

**PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Katherine Harris FILED ANNUAL REPORT Secretary of State 99 AUG - 4 PM 2: 42 DIVISION OF CORPORATIONS 1999 BALLA BLEEF, FLORIDA **DOCUMENT #** Overland, Inc.
Principal Place of Business 1100 Ist Ave W #2A Bradenton, Florida DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 2a. Mailing Address Applied For Same\_ 21 Same as Not Applicable Suite, Apt. #, etc \$8,75 Additional Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes the current year Intangible 29 30 Personal Property Tax. [ ] Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name Douglas C. Graham 1100 1st Ave W # 2A 82 Street A 83 Bradenton, Florida 34205 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 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 and accept the obligations of, Section 607.0505, Florida Statutes. My 23, 1999 Official de la policable (NOTE SIGNATURE CR2E034 (11/98 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1 1 TITLE president 1.2 NAME NAME STREET ADORESS 1.3 STREET ADDRESS 4205 CITY-ST-ZIP 14 CITY-ST-ZIP TITLE 21 TITLE 2.2 NAME NAME 23 STREET ADDRESS STREET ADDRESS Bradenton, Florida 34205 Li DELETE CITY-ST-ZIP 2 4 CITY-ST-ZIP TITLE 31 TITLE 500002959485 3 2 NAME NAVE -08/13/99--01086--004 STREET ADDRESS 3 3 STREET ADDRESS 3.4. CITY-51-ZIP \*\*\*\*\*61.25 CITY-ST-ZIP DELETE 4.1 TITLE TITLE NAME 4.3 STREET ADDRESS STREET ADDRESS 44 CITY-ST-ZIP CITY-ST-ZIP DELETE [] Charge [] Addition TITLE 5.2 NAME 5 3 STREET ADORESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP 6 1 TITLE TITLE DELETE [] Change Addition 6.2 NAME NAME STREET ADDRESS 64 CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the examplion stated in Section 119.07(3)(i). Florida Statutes I further certify that the 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 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 Block 13 if chapter 61, and an attachment with an address, with all other like empowered.

March 23, 1999746-4288