

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **F78554**
Corporation Name
OVERALL MANAGEMENT, INC.

FILED
Sep 07, 1999 8:00 am
Secretary of State

09-07-1999 90004 038 ***550.00

Principal Place of Business
74 SEASIDE DR.
MARY WEISS (P.O. BOX 971)
CRYSTAL BEACH FL 34681

Mailing Address
1074 SEASIDE DR.
% MARY WEISS (P.O. BOX 971)
CRYSTAL BEACH FL 34681



DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
74 SEASIDE DR. MARY WEISS (P.O. BOX 971) CRYSTAL BEACH FL 34681		1074 SEASIDE DR. % MARY WEISS (P.O. BOX 971) CRYSTAL BEACH FL 34681		05/03/1982	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				59-2195748	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
CRYSTAL BEACH FL		CRYSTAL BEACH FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25		30			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
PRICE, BILL 29605 US HWY 19 N CLEARWATER FL 34621				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				FL 85 Zip Code	

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.

SIGNATURE		(NOTE: Registered Agent signature required when reinstating)		DATE	
Signature, typed or printed name of registered agent and title if applicable.					
OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1. NAME		1.1 TITLE			
WEISS, MARY		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1074 SEASIDE DR.		1.2 NAME			
CRYSTAL BEACH FL		1.3 STREET ADDRESS			
		1.4 CITY-ST-ZIP			
2. NAME		2.1 TITLE			
WEISS, BARRY		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1074 SEASIDE DR.		2.2 NAME			
CRYSTAL BEACH FL		2.3 STREET ADDRESS			
		2.4 CITY-ST-ZIP			
3. NAME		3.1 TITLE			
WEISS, JEREMY		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
240 W 75TH STREET		3.2 NAME			
NEW YORK NY 10023		3.3 STREET ADDRESS			
		3.4 CITY-ST-ZIP			
4. NAME		4.1 TITLE			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		4.2 NAME			
		4.3 STREET ADDRESS			
		4.4 CITY-ST-ZIP			
5. NAME		5.1 TITLE			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		5.2 NAME			
		5.3 STREET ADDRESS			
		5.4 CITY-ST-ZIP			
6. NAME		6.1 TITLE			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		6.2 NAME			
		6.3 STREET ADDRESS			
		6.4 CITY-ST-ZIP			

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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.

SIGNATURE: **SIGNATURE REQUIRED** VP 8/31/99 227 785-6553

CR2E034 (5/99)