

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 DEC 20 PM 1:59

SECRETARY OF STATE



DOCUMENT # F94000001821 (7)

1. Corporation Name

POLAM OVERSEAS, LTD., INC.

Principal Place of Business

Mailing Address

557 LEONARD STREET
BROOKLYN NY 11222

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BROOKLYN NY 11222

3. Date incorporated or Qualified

04/11/1994

3a. Date of Last Report

11/08/1995

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	City & State	27	City & State	11-2923887	Not Applicable
23	Zip	28	Zip	5. Certificate of Status Desired	\$8.75 Additional Fee Required
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PAOLILLO, JOHN CPA
755 MAIN STREET
DUNEDIN FL 34698

81	Name	85	Zip Code
82	Street Address (P.O. Box Number is Not Acceptable)		
83			
84	City	FL	

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VSTC	DELETE	1.1 TITLE		Change	Addition
NAME	MURAWSKI, TIMOTHY		1.2 NAME			
STREET ADDRESS	557 LEONARD STREET		1.3 STREET ADDRESS			
CITY - ST - ZIP	BROOKLYN NY 11222		1.4 CITY - ST - ZIP			
TITLE		DELETE	2.1 TITLE	300002040943-6	Change	Addition
NAME			2.2 NAME	-12/30/96-01033-005		
STREET ADDRESS			2.3 STREET ADDRESS	****150.00 ****150.00		
CITY - ST - ZIP			2.4 CITY - ST - ZIP			
TITLE		DELETE	3.1 TITLE	300002040943-6	Change	Addition
NAME			3.2 NAME	-12/30/96-01033-006		
STREET ADDRESS			3.3 STREET ADDRESS	****225.00 ****225.00		
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 - ST - ZIP			4.4 CITY - ST - ZIP			
TITLE		DELETE	5.1 TITLE		Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY - ST - ZIP			5.4 CITY - ST - ZIP			
TITLE		DELETE	6.1 TITLE		Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY - 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 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #