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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

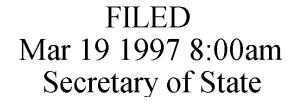
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9400001821 (7)

POLAM OVERSEAS, LTD., INC.

Principal	Place	of	Business
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Principal Place of Business Mailing Address			a santing still latte dimit antil matte matte antil antil sates third tills that bank				
557 LEONARD STREET BROOKLYN NY 11222		557 LEONARD STREET BROOKLYN NY 11222-3205					
J. 100.12.11						3. Date Incorporated or Qualified	3a. Date of Last Report
						04/11/1994	12/20/1996
2. Principal Place of	Business	2a, Mailing	j Address			4. FEI Number	Applied For
21		26]	4			11-2923887	L Not Applicable
Sulte, Apt. #, etc.		 	Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		27 City &	State			A Flancin O La Flancin	
23		28	Sidio			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	•	Count	ry	This corporation has liability for in	
24	25	29		30		· · · · · · · · · · · · · · · · · · ·	Yes W No
	Name and Address of Curr	ent Registered A	gent			10. Name and Address of New Reg	gistered Agent
 PAOLILLO, 	JOHN CPA			8	1 Name		
755 MAIN	Street			8	2 Street Ad	Idress (P.O. Box Number is Not Acceptable	le)
DUNEDIN (FL 34698					,	
`,				8:	3		
				8	4 City		85 Zip Code
				l			FL
office or register agent,≢ am fami	ed agent, or both, in the Sta iliar with, and accept the obl	ite of Florida. Such	i change was a	authorized t	by the corpor	orporation submits this statement for the prealion's board of directors. I hereby accep	t the appointment as registered
SIGNATURE Signatur	e, typed or printed name of registered :	agent and title if applicati	ie (NOIL	L: Hegistered A	ocni sionalure red	guired when re-astating)	DATE
12.		ND DIRLCTORS		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE VSTO			DELETE	1.1 1111.6			Change Addition
	awski, timothy			1.2 NAME			
	Leonard Street			1.3 STREE	F1 ADDRESS		
CITY-ST-ZIP BRO	OKLYN NY 11222			1.4 CITY-	ST-ZIP		
TITLE			☐ DELETE	2.1 TITLE	ì		Change Addition
NAME				2.2 NAME	:		
STREET ADDRESS					ET ADDRESS		
CITY-ST-ZIP			D bellie	2. 4 City	~ ~		Observe Addition
TITLE			☐ DEFETE	3.1 NILE			Change Addition
NAME				3.2 NAM			
STREET ADDRESS					F1 ADDRESS		
CITY-ST-ZIP TITLE			DELETE	3.4. CITY 4.1 TITLE			Change Addition
NAME				4.1 MILE			and arresting and controll
STREET ADDRESS					LT ADURESS		
CITY-ST-ZIP				4.4 CHY-			
TITLE			DELETE	5 1 TILE			Change Addition
NAME				5.2 NAME	- 1		· · · · · · · · · · · · · · · · · · ·
STREET ADDRESS					ET ADDRESS		VB 3-19
CITY-ST-ZIP				5.4 CHTY-			10 2 11
TITLE			DOLETE	6.1 THLE			Change Addition
NAME				6.2 NAME		200002 11 -03/20/970101	8702
STREET ADDRESS				6.3 STREE	1 ADDRESS	-03/20/970101	2026
CITY-ST-ZIP				6.4 CITY		***165.00	

14. I do 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 supplicemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 (Lightgrey and statechment with an address).