

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2004 08:00 AM
Secretary of State

DOCUMENT # F99000001121

1. Entity Name

OLIVER AMERICA INTERNATIONAL INC.



Principal Place of Business

PO BOX 6192
DELRAY BEACH FL 33482-6192

Mailing Address

PO BOX 6192
DELRAY BEACH FL 33482-6192

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

56-1889756

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAVINI, LINDA
8256 SUMMERBREEZE LANE
BOCA RATON FL 33496

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE CP ☐ Delete
NAME OKAWA, HIROMI
STREET ADDRESS 300 N. MAIN ST., STE. 400
CITY-ST-ZIP HIGH POINT NC 27260

TITLE DP ☐ Delete
NAME MURAKAMI, SHUICHI
STREET ADDRESS 300 N. MAIN ST., STE. 400
CITY-ST-ZIP HIGH POINT NC 27260

TITLE V ☐ Delete
NAME MATSUO, KAZUMASA
STREET ADDRESS 300 N. MAIN ST., STE. 400
CITY-ST-ZIP HIGH POINT NC 27260

TITLE S ☐ Delete
NAME LYNCH, CHARLES E JR.
STREET ADDRESS 300 N. MAIN ST., STE. 400
CITY-ST-ZIP HIGH POINT NC 27260

TITLE AS ☐ Delete
NAME SAVINS, LINDA
STREET ADDRESS 8256 SUMMERBRIDGE LN.,
CITY-ST-ZIP BOCA RATON FL 33496

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS U00000037861
CITY-ST-ZIP 02/06/04-80115-010 150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Linda Savini* LINDA SAVINI 2/3/04 561 479 1805

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #