

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Jul 01 1996 8:00 am
Secretary of State

DOCUMENT # **L28426** (9)

1. Corporation Name

OVERNIGHT SUCCESS CONSTRUCTION, INC.

Principal Place of Business

**6600 NW 27TH AVE
SUITE 201
MIAMI FL 33147**

Mailing Address

**6600 NW 27TH AVE
SUITE 201
MIAMI FL 33147**



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

11/06/1989

3a. Date of Last Report

06/21/1995

4. FEI Number

65-0225432

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 193.032
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GILMORE, SAMUEL LEE, JR.
1480 N.W. 87TH TERRACE
MIAMI FL 33147**

81. Name

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

83

84. City

FL

85. Zip Code

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

Date of Signature (Typed or Printed Name of Registered Agent)

2/28/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PSD**
STREET ADDRESS **GILMORE, SAMUEL L., JR.**
CITY-STATE-ZIP **1480 N.W. 87TH TERR.
MIAMI FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

2. TITLE ☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

3. TITLE ☐ Change ☐ Addition

3. NAME

4. STREET ADDRESS

5. CITY-STATE-ZIP

4. TITLE ☐ Change ☐ Addition

4. NAME

5. STREET ADDRESS

6. CITY-STATE-ZIP

5. TITLE ☐ Change ☐ Addition

5. NAME

6. STREET ADDRESS

7. CITY-STATE-ZIP

6. TITLE ☐ Change ☐ Addition

6. NAME

7. STREET ADDRESS

8. CITY-STATE-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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Samuel Gilmore, Jr.

228%

CR2E034 (12/95)