FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # L31510 (5)OVERFLOW PRESS, INC.

Apr 14 1998 8:00am Secretary of State

Principal Place of Business Mailing Address				- 1 10841811 808 11181 81181 81181 11811 8811 8	IDEN BIRNE BIRNE BIRNI BIREN IRAN	
5420 W CRENSHAW TAMPA FL 33634 US		5420 W CRENSHAW TAMPA FL 33634 US		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified 11/22/1989	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26		59-3008288	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
		[27]			g, seminated at states position	Fee Required
		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Z(p 29	Country 30	′	8. This corporation owes or has paid the Personal Property Tax due June 30.	current year Intangible Yes No
::::::	g, Name and Address of Current I		1991		10. Name and Address of New Registere	
ROBERTS, JAMES				Name		
9029 GROSSE POINTE CIR.			82	Street Add	ress (P.O. Box Number is Not Acceptable)	
[Al	MPA FL 33615		83	<u> </u>		
			84	Cau		ar Vio Cado
			64	City	F	85 Zip Code
agent La	to the provisions of Sections 607,0502 a egistered agent, or both, in the State of m familiar with, and accept the obligation	end 607.1508, Florida Statute Florida. Such change was a ons of, Section 607.0505, Flo	es, the above authorized by anda Statutes	e-named corp the corpora s.	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	of changing its registered pointment as registered
SIGNATURE	Signature, type distributed name of rage times according	and the it applicable (NOTE	: Registered Age	ent signature requi	ired when reinstating) DATE	
12.	OFFICERS AND C		13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	•		1.1 TITLE			☐ Change ☐ Addition
NAME	ROBERTS, LORI A.		1.2 NAME			
STREET ADDRESS	5720 W CRENSHAW STE 10		1.3 STREET	ADDRESS		
CITY-ST-ZIP	TAMPA FL	DELETE	14 CITY- S	I - ZIP		F 1 01 [] A4455-
TITLE	MV ROBERTS, JAMES		21 THLF	ŀ		Change Addition
NAME STREET ADDRESS	9029 GROSSE POINTE CIR.		22 NAME 23 STREET	ADDOLGG		
CITY-ST-ZIP	TAMPA F		2 4 CITY-1			
TIFLE	VS	DELETE	31 TITLE			☐ Change ☐ Addition
NAME	ROBERTS, RANDALL A.		3.2 NAME			
\$TREET ADDRESS			3.3 \$1REE1	ADDRESS		
CITY-ST-ZIP ODESSA FL		<u></u> <u></u>	3.4. C(1)Y - S1 - Z(P			
TITLE		☐ DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 S1REET	ADDRESS		
CITY-ST-ZIP		T or ere	4.4 CITY - ST - ZIP			
TITLE		UPLETE	5.1 TITLE			☐ Change ☐ Addition
NAME OTDEET ADDRESS			5.2 NAME	ADDRESS		
STREET ADDRESS			5.3 STREET	1		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - S 6.1 TITLE	1-217		Change Addition
NAME		<u></u>	6.2 NAME			
STREET ADDRESS			6.3 STREET	ADDRESS		
						i i

14. Thereby 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 suppliemental 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.