## 4-20-98 135/03 C FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## FILED Apr 20 1998 8:00am Secretary of State

1. Corporation		# <b>L47</b> OVERINGS,			(4)							
Principal Place of Business Mailing Address									T HORSINGII DII BAQUI HOROI IDIILE ILIII	HOM DIDIN BEBI	i Bibat Bibli	ALBIT BERLE LOGI
2885 ELECTI	RONICS DRIV	E		2885 ELECTRONICS DRIVE								
C2	EI 93036			C2 MELBOURNE FL 32935					DO NOT WRITE IN THIS SPACE			
MELBOURNE FL 32935 US				US					3. Date Incorporated or Qualified			
	_								02/01/1990			
2. Principal Place of Business				2a. Mailing Address					4. FEI Number			Applied For
Suite. Apt. #. etc				Suite, Apt. #, etc.				····-	59-2991745			Not Applicable  Additional
22 Soule, Apr. #, oic				27.					5. Certificate of Status Desired			Required
City & Stat	e			City & State					6. Election Campaign Financing			May Be
23	23				26				Trust Fund Contribution			d to Fees
Zip		Country 25		Zip		Count	ry		8, This corporation owes or has p			
24	29	Acont	30			Personal Property Tax due June 30.  Yes No  10. Name and Address of New Registered Agent						
		and Address	or Curion F	ogistered	Ayont		1T	Name	10. Name and Abdress of New P	egisteret.	Agent	
	MOYNE, W				_	┸						
1686 CADILLAC CIR S MELBOURNE FL 32935							2	Street Addre	et Address (P.O. Box Number is Not Acceptable)			
1412		I C OLOGO				8	3					
						8	4	City			<b>85</b> Zi	p Codo
						*	<b>~</b>   '	City		FL	.   65   21	p Codo
11, Pursuant office or a agent. La	ım familiar w	ith, and accept	the obligatio	ns of, Sect	ion <b>6</b> 07.0505, F	ites, the abo authorized l lorida Statut	ve-r by th es.	named corpo ne corporatio	ration submits this statement for the n's board of directors. I hereby acc	purpose of ept the app	changing ointment a	) its registered as registered
	Signature, typed	d or profied name of m					geni	signature required	d when reinstating)	DATE		
12.	D	OFFIC	CERS AND E	HECTORS	DELETE	13.			ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTO Change	
NAME	_	NE, WILLIAM	r.		- DELETE	1.2 NAMI						, E Addition
STREET ADDRESS 1686 CADILLAC CIRCLE SOL							1.3 STREET ADDRESS					
CITY-ST-ZIP MELBOURNE FL 32935							14 CITY-ST-ZIP					)"
TITLE	D			**	DELETE	2.1 TITLE					☐ Change	e Addition
NAME		SHERYL				2 2 NAM	E					ŀ
STREET ADDRESS					∬H 2.3			DRESS	•	•		
CITY-ST-ZIP	MELBO	URNE FL 329	35		The ere	2. 4 CITY		ZIP				
TITLE					☐ DELETE	3.1 TITLE					☐ Change	e
NAME CIDEET ADDOLOS						3.2 NAMI 3.3 STRE		ODEEC				ļ
STREET ADDRESS						3.4. CITY		Į.				
CITY-ST-ZIP TITLE					DELETE	4.1 TITLE		EIT'			Change	e Addition
NAME						4. 2 NAM	IE	<b>,</b>			_ •	_
STREET ADDRESS						4.3 STRE		DRESS				
CITY-ST-ZIP						4.4 CITY	ST-2	ŽIP				
TITLE					DELETE	5.1 TITLE					☐ Change	e 🔲 Addition
NAME						5 2 NAME	Ē	1				ļ
STREET ADDRESS	<u> </u>					5 3 STREE						Į.
CITY-ST-ZIP	<u> </u>	<del>_</del> -			Director	5.4 CITY		ZIP			Channe	Addition
TITLE					DELETE	61 7ITLE					☐ Change	e Addition
NAME STREET ADORESS						6.2 NAME 6.3 STREE		INDERC				
CITY-ST-ZIP	,					6.4 CITY						
	certify that th	e information su	nonland with	his filma d	oes not qualify				ection 119.07(3)(i). Florida Statutes.	I further ce	rtify that th	he information

14. 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 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 trustose 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: William Le Moune 4-15-98 254-3995

CR2E034 (10/97)