PR( CORPO ANNUAL	OW: FILIN DEIT DRATION REPORT 98		FLORIE	DA DEPA Sandra I Secreta	RTMENT O B. Mortha ary of State CORPORA	f STATE	Apr 30 1 Secreta		
Corporation Nation	ENT#	M7536	51	(9)					
OVENDER									
Principal Place of I 3568 OVERSEAS MARATHON FL	HIGHWAY		Mailing Addres 3568 OVERSI MARATHON I	EAS HIGH			DO NOT WRIT	E IN THIS SPACE	
							<ol> <li>Date Incorporated or Qualified 04/05/1988</li> </ol>	i	
Principal Place	of Business		2a. Mailing Ado	iress			4. FEt Number		Applied For
Suite, Apt #, etc		- · · · ·	26 Suite, Apt. #. etc.				65-0042621 5. Cortificate of Status Desired		Not Applicabl \$8.75 Additional
City & State	<u></u>		27 City & State	,			6. Election Campaign Financing		e Required
] Zip	Count		28 Ziçi		Coun	try	Trust Fund Contribution	<u> </u>	ided to Fees
1	25	·	20 Registered Agent		30		8. This corporation owes or has p Personal Property Tax due Jur 10. Name and Address of New R	ne 30. 🗌 Yes	
	OVERSEAS HW				Ī	32 Street Ado	dress (P.O. Box Number is Not Accepte	able)	
MAR/	ATHON FL 3305	0 Itions 607 0502 h, in the State o	and 607 1508, Flor If fizidal Such chai ions of, Section 607	ida Statu nge was 7.0505, Fl	ites, the abo	City     City     Dye-named cor     by the corpora	poration submits this statement for the	FL  85	Zip Code ing its registere ni as registered
1. Pursuant to the office or regist agont Larri far	ATHON FL 3305	D stions 607 0502 h, in the State o cept the obligati	ions of, Section 607	7.0505, Fi	ites, the abo authorized lorida Statu	B3     City     Dove-named cor     by the corporates.		FL  85	•
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MAR/ 1. Pursuant to the office or regist agont L arm far IGNATURE. Signal 2. TLE ILE INME IREET ADDRESS	ATHON FL 3305 e provisions of Soc ered agont, or bot miliar with, and ac- the type of project rule ( PST ARDOLINO, JO 3568 OVERSEA	0 Stions 607 0502 h, in the State o cept the obligation OFFICE RS AND SEPH S HWY.	and the dapple sold	(NC)	Ites, the ab authorized lorida Statu 11. freqstered 13. 1 1 Titl 1.2 NAK 1.3 STR	B3 B4 City by the corporates. Agent signature requires. F If If If If If If If If If If	poration submits this statement for the ation's board of directors. I hereby acco ared when reinstating)	FL 85 purpose of chang ept the appointment DATE ICERS AND DIREC	ing its registered nt as registered CTORS IN 12
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