

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000087735 (4)

1. Corporation Name

OVERTURE COMMUNICATIONS, INC.

Principal Place of Business

14313 TENNYSON DRIVE  
HUDSON FL 34667  
US

Mailing Address

PO BOX 1112  
HUDSON FL 34667  
US



2. Principal Place of Business

21 8633 Helmsly Lane

Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 34673-1112

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Port Richey, FL

29 Zip Country

30 34673-1112

3. Date Incorporated or Qualified

12/02/1994

3a. Date of Last Report

02/27/1995

4. FEI Number

59-3281628

Applied For

Not Applicable

5. Certificate of Status Desired

XX

\$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. 199.032,  
Florida Statutes

XX Yes ☐ No

9. Name and Address of Current Registered Agent

BEIL, EUGENE L  
12312 U.S. HIGHWAY 19 NORTH  
HUDSON FL 34667

10. Name and Address of New Registered Agent

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 and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE VPSPD  
NAME ORLANDO, SUZANNE M  
STREET ADDRESS 14313 TENNYSON DRIVE  
CITY-ST-ZIP HUDSON FL ☐ DELETE

TITLE PTD  
NAME ORLANDO, JOHN R  
STREET ADDRESS 14313 TENNYSON DRIVE  
CITY-ST-ZIP HUDSON FL ☐ DELETE

TITLE D  
NAME ORLANDO, RICHARD S  
STREET ADDRESS 7214 WILCOX DRIVE  
CITY-ST-ZIP HUDSON FL ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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

John Orlando, PTD 3/8/96 (813) 868-6888

Date Daytime Phone #

CR2E034 (12/95)