SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Aug 01 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9500000915 (5)

FIRST OVERSEAS, INC.

Principal Place of Business Mailing Address) INDIANA (IN INIAL AISA DALII NAILI	BOILL BOSSE ODDER BOILD LEVES HIDDE BILL INDI	
1561 S. CONGRESS AVENUE SUITE 167 DELRAY BEACH FL 33445		1561 S. CONGRESS AVENUE SUITE 167 DELRAY BEACH FL 33445		DO NOT WRITE IN THIS SPACE		
			•		3. Date Incorporated or Qualified	3a. Date of Last Report
					01/03/1995	05/01/1996
2. Principal Place of Business		├ ¬	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.		26 Suite, Apt. #, etc.			64-0552830	Not Applicable \$8.75 Additional
22		₁	27		5. Certificate of Status Desired	Fee Required
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees	
Z _i ρ	Country	Zip	Country	,	8. This corporation owes or has a	prog feet
24	25 25 Name and Address of Curre	nt Registered Agent	30		Personal Property Tax due Jun 10. Name and Address of New R	
et.		in registored Agent	81	Name	10. Hame and Address of New I	officeron Walle
STAN ZELLER 2605 ZORNO WAY					(60.6)	
- CUITE 202			82	Street Ad	dress (P.O. Box Number is Not Accepta	able)
	ELRAY BEACH FL 33445		83		lo suite #)	
			84	City		85 Zip Code
			-	_		
11. Pursuant I	to the provisions of Sections 607.05 egistered agont, or both, in the Stati	02 and 607.1508, Florida State e of Florida. Such change was	utes, the abov s authorized b	e-named co vithe corpor	rporation submits this statement for the ation's board of directors. I hereby acc	purpose of changing its registered ept the appointment as registered
agent. I a	m familiar with, and accept the obliq	gations of, Section 607.0505, f	Florida Statute	s.	•	, , , ,
SIGNATURE	Signature, typed or printed name of registered ag	yout ned title if gradientile /M/	OIL Book based Ac	ont monature is a	pired when reinstating)	DATE
12.		ND DIRECTORS	13.	ant aignature req	ADDITIONS/CHANGES TO OFF	
TITLE	PTD	DELFTE	1.1 THLE			☐ Change ☐ Addition
NAME	Z ELLER, STANLEY		1.2 NAME			
STREET ADDRESS 1561 S. CONGRESS AVENUE, #167			1.3 STHEET	ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL 33445		1.4 CiTY - 9	37- ZIP		
TITLE	VSD	☐ DELETE	2.1 THTLE	1		Change Addition
NAME	BURNS, WILLIAM A	IP 4.50	2.2 NAME			
STREET ADDRESS	1561 S. CONGRESS AVENU	JE, #167	2.3 STREET	i		
CITY-ST-ZIP TITLE	DELRAY BEACH FL 33445	DELFTE	2.4 CITY - 3.1 TITLE	ST-20		Change Addition
NAME		E MILLE	3.2 NAME	\		
STHEET ADDRESS			3.3 STREET	ADDRES		
CITY-ST-ZIP			3.4. CITY-	· · · · · · · · · · · · · · · · · · ·		
TITLE		DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP		T NELTON	4.4 CITY - S	ST-ZO		
TITLE		☐ DELETE	5.1 TITLE		\	☐ Change ☐ Addition
NAME			5.2 NAME	15145505		
STREET ADDRESS			5.3 STREET			
CHTY-ST-ZIP		DELETE	5.4 CITY - 5 6.1 TITLE	ot-ZII'		☐ Change ☐ Addition
NAME		Section Sections	6.2 NAME			
STREET ADDRESS				ADDRESS		

14. I do 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 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.