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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT #** P95000000915 1. Corporation Name

FILED Feb 11, 1999 8:00am **Secretary of State**

02-11-1999 90033 007 ***150.00

FIRST O	VERSEAS,	INC.								
Principal Place	of Business		Mailing Address	,			20111 20111 00111 1011			
1561 S. CONGRESS AVENUE		1561 S. CONGRESS AVENUE				•				
SUITE 167		SUITE 167			DO NOT WRITE IN THIS SPACE					
DELRAY BEACH FL 33445		DELRAY BEACH FL 33445			3. Date Incorporated or Qualifed					
						01/03/1995			*.	
O Dain single Die	and of Busines		2a. Mailing Address			4. FEI Number		Appl	lied For	۱ -
2. Principal Pla	ace or Busines	58	26			64-0552830	·		Applicable	123
Suite, Apt. #	# otc		Suite, Apt. #, etc.				<u>.</u> \$8.	.75 Ad	iditional	1
	r, etc.		27			5. Certifcate of Status Desired		ee Req	uired	
City & State	<u> </u>		City & State			6. Election Campaign Financing	\$ 5	5.00 N	May Be	
	•		28			Trust Fund Contribution		dded to		
Zip		Country	Zip	Count	у	8. This corporation owes the curr	ent year Intangible	,		
24	2		29	30		Personal Property Tax.	□Ye	s [₩ o	
		nd Address of Curre	nt Registered Agent			10. Name and Address of New I	Registered Agent			
				8	1 Name				ļ	•
	n Zeller Zorno W	ΝÝ		8	2 Street Add	lress (P.O. Box Number is Not Accept	able)			
	RAY BEACH			8	3	10 6 15 16 16 16	Marine and a few	1 5 71		
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				8	4 City		FL 85	Zip Ci	ode	
	aniatorad agai	of ar both in the State	02 and 607.1508, Florida Sta e of Florida. Such change was ations of, Section 607.0505, f	s animonzeo o	v ille colbulat	poration submits this statement for the ion's board of directors. I hereby acce	purpose of chang pt the appointment	ing its r as regi	egistered istered	
SIGNATURE						and whom coincitating)	DATE		<u> </u>	
SIGNATURE		printed name of registered age	ent and title if applicable. (NC	OTE: Registered Ag		ed when reinstating) ADDITIONS/CHANGES TO OF	DATE.	ECTOR	RS IN 12	(00)
SIGNATURE	Signature, typed or	printed name of registered age	ent and title if applicable. (NO ND DIRECTORS	OTE: Registered Ag	ent signature requir	ADDITIONS/CHANGES TO OF	<u>-</u>		RS IN 12	(44 (00)
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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 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, with all other like empowered.

SIGNATURE: