

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 26, 1999 8:00 am  
Secretary of State

04-26-1999 90052 046 \*\*\*150.00

DOCUMENT # P96000048101 (S)

i. Corporation Name

OVERSEAS ADVISERS, INC

Principal Place of Business

E. COMMERCIAL BLVD.  
LAUDERDALE FL 33334

Mailing Address

1540 E. COMMERCIAL BLVD.  
FT. LAUDERDALE FL 33334

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/06/1996

4. FEI Number

65-0703891

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

Principal Place of Business

300 Diplomat Parkway

Suite, Apt. #, etc.

Suite 315

City & State

HALLANDALE, FL

Zip

33009

Country

25 Broward

2a. Mailing Address

26 300 Diplomat Parkway

Suite, Apt. #, etc.

27 Suite 315

City & State

28 HALLANDALE, FL

Zip

29 33009

Country

30 Broward

9. Name and Address of Current Registered Agent

COUF, ROBERT M  
1540 E. COMMERCIAL BLVD.  
FT LAUDERDALE FL 33334

10. Name and Address of New Registered Agent

81 Name

Robert M. Couf

82 Street Address (P.O. Box Number is Not Acceptable)

300 Diplomat Parkway

83

Suite 315

84 City

HALLANDALE

FL

85 Zip Code

33009

ii. 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 Robert M. Couf

PRESIDENT

4/15/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

PS ☐ DELETE

COUF, ROBERT M  
1540 E. COMMERCIAL BLVD.  
FT LAUDERDALE FL 33334

ST ZIP

ST ZIP

ST ZIP

ST ZIP

ST ZIP

ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

300 Diplomat Parkway Suite 315

1.3 STREET ADDRESS

HALLANDALE, FL 33009

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/99 (954) 458-4123

CR2E034 (11/98)