

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 of (5)
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 <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

26. Mailing Address 300 Diplomat Parkway Suite, Apt. #, etc. Suite 315 City & State HALLANDALE, FL Zip 33009	27. Mailing Address 300 Diplomat Parkway Suite, Apt. #, etc. Suite 315 City & State HALLANDALE, FL Zip 33009	28. Mailing Address 300 Diplomat Parkway Suite, Apt. #, etc. Suite 315 City & State HALLANDALE, FL Zip 33009	29. Mailing Address 300 Diplomat Parkway Suite, Apt. #, etc. Suite 315 City & State HALLANDALE, FL Zip 33009	30. Mailing Address 300 Diplomat Parkway Suite, Apt. #, etc. Suite 315 City & State HALLANDALE, FL Zip 33009
---	---	---	---	---

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
---	--

i. 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
Robert M. Couf, PRESIDENT, 4/15/99

12. OFFICERS AND DIRECTORS PS COUF, ROBERT M 1540 E. COMMERCIAL BLVD. FT LAUDERDALE FL 33334 [] DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE [X] Change [] Addition 1.2 NAME 1.3 STREET ADDRESS 300 Diplomat Parkway Suite 315 1.4 CITY-ST-ZIP HALLANDALE, FL 33009 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] 4/15/99 (954) 458-4123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)