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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED May 12 1998 8:00am Secretary of State

1. Corporation	OVERY ENTERPRISES, INC)0076815 (5 	») 		
Principal Place	e of Business	Mailing Address		1 10 files 140 to 10 10 out 00 to 10 t	Bid Biras latat ifhat atti tällt
		9070 NW 53RD STRE			
COHAL SP	9MGS FL 33067	CORAL SPRINGS FL	33067	DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				09/16/1996	
2. Principal Place of Business		2s. Mailing Address		4. FEI Number	Applied For
21		26		65-0695300	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		Crty & State	 	6. Election Campaign Financing	
23		28		Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the curr	
24	25	29	30		Yes No
	g. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registered	\gent
SLATKIN, JASON E ESQ 81 Name					
9900 WEST SAMPLE ROAD #400			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
CORAL SPRINGS FL 33065			83		
1			83		ļ
			84 City	FL	85 Zip Code
11. Pursuant to the provisions of Soctions 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 ac		TE: Registered Agent signature requ		
12.		ID DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12 Change Addition
TITLE	DPS ROGERS, EDWARD S	المرديد	1.1 TITLE		T CHAINGE T MODITION
NAME	9070 NW 53RD STREET		12 NAME		ł
STREET ADDRESS CITY-ST-ZIP	CORAL SPRINGS FL		1.3 STREET ADDRESS 1.4 CITY - ST - ZIP		
TITLE	CONTROL OF THROOT E	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			22 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CiTY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY+ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4, 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		T burn	4.4 CITY-ST-ZIP		Change L Addition
TITLE		DELETE	5.1 TITLE		Change Addition
NAME OVEREZ ADERPESO			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 City-St-ZiP 6.1 Title		Change Addition
NAME		- Dittil	6.2 NAME		Committee Committee
STREET ADDRESS			6.3 STREET ADDRESS	,	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	y. The second se	
	erlify that the information supplied v	vith this filing does not qualify		Section 119.07(3)(i), Florida Statutes. I further cer	tify that the information

indicated on this annual report or supplied with rist filling does not quality for the exemption stated in Section 119.07(3)(f). Florida Statutes. I further certify that the informatic 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.

SIGNATURE: