

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

FILED
Jun 01 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000021672 (5)

1. Corporation Name:

OVERSEAS PHARMACY, INC.



Principal Place of Business

~~1818 LAFAYETTE STREET~~
~~CAPE CORAL FL 33904~~

Mailing Address

1318 LAFAYETTE STREET
CAPE CORAL FL 33904

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/10/1997

4. FEI Number

65-0733990

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 5213 SW 8TH PLACE

26 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

27 City & State

28 City & State

29 Zip

Country

29 Zip

Country

29 Zip

Country

29 Zip

Country

29 Zip

Country

29 Zip

Country

29 Zip

Country

29 Zip

Country

29 Zip

Country

29 Zip

Country

29 Zip

Country

29 Zip

Country

29 Zip

Country

29 Zip

Country

29 Zip

Country

29 Zip

Country

29 Zip

Country

29 Zip

Country

29 Zip

Country

29 Zip

Country

29 Zip

Country

29 Zip

Country

29 Zip

Country

29 Zip

Country

29 Zip

Country

29 Zip

Country

29 Zip

Country

29 Zip

Country

29 Zip

Country

29 Zip

Country

29 Zip

Country

29 Zip

Country

29 Zip

Country

29 Zip

Country

29 Zip

Country

29 Zip

Country

29 Zip

Country

29 Zip

Country

29 Zip

Country

29 Zip

Country

29 Zip

Country

29 Zip

Country

29 Zip

Country

29 Zip

Country

29 Zip

Country

29 Zip

Country

29 Zip

Country

29 Zip

Country

29 Zip

Country

29 Zip

Country

29 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMERILAWYER CHARTERED
343 AMERICA AVENUE
CORAL GABLES FL 33134

81 Name

KOSZULINSKI, GEORG W.

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

5213 SW 8TH PLACE

83

84 City

Cape Coral

FL

85 Zip Code

33914

11. 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

Signature required for printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

5/26/98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
PSTD
KOSZULINSKI, GEORG W
STREET ADDRESS
1818 LAFAYETTE STREET
CITY-ST-ZIP
CAPE CORAL FL 33904

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
PSTD
KOSZULINSKI, GEORG W.
1.3 STREET ADDRESS
5213 SW 8TH PLACE
1.4 CITY-ST-ZIP
CAPE CORAL, FL 33914

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

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 holder of a trust 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 amendment with an address.

SIGNATURE:

4/28/98 941-
5497237

CR2E034 (10/97)