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

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

**19**98

DOCUMENT # P9700029524 (0)

## **FILED** May 22 1998 8:00am Secretary of State

1. Corporation Name SEARIDERS OVERLAND, INC.  Principal Place of Business 3301 SOUTHEAST 14TH AVE	Mailing Address 3301 SOUTHEAST 14TH				
FT LAUDERDALE FL 33316	FT LAUDERDALE FL 33	1316	DO NOT WRITE IN THIS	SPACE	
•			3. Date Incorporated or Qualified		
			04/01/1997		
2. Principal Place of Business	2a. Mailing Address		4. FEt Number	Ar	plied For
21	26		65-0759646	No	t Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75	
22	27			Fee Re	<u> </u>
City & State	City & State	•	6. Election Campaign Financing	\$5.00	
Zip Country	<b>28</b>	Country	Trust Fund Contribution  B. This corporation owes or has paid the cur	Added	
24 25	29	30			angible No
9. Name and Address of Cur	rent Registered Agent	1-21	10. Name and Address of New Registered	Agent	
redlhammer, albert j		81 Name			
3301 <b>SO</b> UTHEAST 14TH AVE		82 Street A	ddress (P.O. Box Number is Not Acceptable)		
FT LAUDERDALE FL 33316					
		83			
		84 City		85 Zip (	Code
44 Durament to the provisions of Sections 607.0	NEDO and COZ 1EDO Florida Ptat	utoo the above person a	r_	.	
office or registered agent, or both, in the Sta	ate of Florida. Such cha <b>nge wa</b> s	authorized by the corpo	orporation submits this statement for the purpose of oration's board of directors. I hereby accept the app	cnanging it ointment as	s registered registered
•	digations of, Section 607,0505, I	Florida Statutes.			
SIGNATURE Signature Typed or prested name of registered	agent and tile it applicable (NO	OTE Registered Agent signature re	equired when reinstating) DATE		
	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	S IN 12
TITLE RESIDENT	DELETE	1.1 TITLE		Change	Addition
NAME ALBERT J. REOL	HANNEY	1.2 NAME			
STREET ADDRESS 3301 SE IY AND	t.	1.3 STREET ADDRESS			
CITY-ST-ZIP Ft. LAUD, FL 3.  TITLE UPPENDENT - Sec-18	33/6	1.4 CITY - ST - ZIP		T-1	
MILE UPresident - Sec-1a	☐ DELETE	2 1 TITLE		Change	Addition
NAME DANIEL W BARR STREET ADDRESS 3301 56 14 406	2 <i>6</i> 77	2.2 NAME			
STREET ADDRESS 330/ 5G /9 436	21711	2.3 STREET ADDRESS			
CITY-SI-ZIP FT. GALOGRAPHET, FR.	DELETE	2 4 CITY - ST - ZIP 3.1 TITLE		Change	Addition
NAME	LL GEECIE	3.2 NAME		onlingo	
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					
TITLE		4.4 CITY-ST-ZIP			
NAME	☐ DELETÈ	4.4 CITY-ST-ZIP 5.1 TITLE		Change	Addition
STREET ADDRESS	DELETE			Change	Addition
	☐ DELETE	5.1 TITLE		Change	Addition
CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CHY-ST-ZIP			
TITLE	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CHY-ST-ZIP 6.1 TITLE		☐ Change	Addition
TITLE NAME		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CHY-ST-ZIP 6.1 TITLE 6.2 NAME			
TITLE		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CHY-ST-ZIP 6.1 TITLE			

mental 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 a required by Chapter 607, Florida Statutes. I further certify that I am an a processor or trustoe empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in that I am an address.