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**

DOCUMENT # P97000029524

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90222 010 ***150.00

SEARIDE	RS OVERLAND, INC.							
Principal Place	of Business	Mailing Address				0(1) 0 011 04010 11010		ibit Bibt (60)
3301 SOUTHEAST 14TH AVE FT LAUDERDALE FL 33316 FT_LAUDERDALE FL 33316 FT_LAUDERDALE FL 33316			سع		DO NOT WR	NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed			
					04/01/1997	·		
2. Principal Pl	ace of Business	2a. Mailing Address		~	4. FEI Number		H **	olied For
21			513	<u> </u>	65-0759646			Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired		8.75 A	
City & State	9	City & State				П	\$5.00 h	
23		28 FT. LAUDROALE, FL		Trust Fund Contribution		Added to	Fees	
Zip	Country	Zip	Count		8. This corporation owes the cur			□No
24	25		30 <i>(</i>).	SA	Personal Property Tax. 10. Name and Address of New			
	9. Name and Address of Current	Registered Agent	8	1 Name	TV. Hame and Address of New	regionica Age	114	
REDLHAMMER, ALBERT J 3301 SOUTHEAST 14TH AVE				2 Street A	Address (P.O. Box Number is Not Accept	able)		
FT LAUDERDALE FL 33316			8	3	<u> </u>			
			8	4 City		FL	5 Zip C	ode
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, 1				ve-named o	comporation submits this statement for the	nuroose of cha	nging its r	registered
office or o	egistered agent, or both, in the State of familiar with, and accept the obligat	of Florida. Such change was au	thorized b	y the corpo	oration's board of directors. I hereby acce	pt the appointme	∍nt as reg	istered
SIGNATURE	Signature, typed or printed name of registered agent	ALCOHOL Manufacture (MOTE)	Penietarad An	ant eignatura ra	equired when reinstating)	DATE		\
12.	OFFICERS ANI		13.	ont orginatore re	ADDITIONS/CHANGES TO O		IRECTO	RS IN 12
TITLE	Р	☐ DELETE	1.1 TITLE				Change	Addition
NAME	REOLHAMMER, ALBERT J		1.2 NAME	:				
STREET ADDRESS	l cara and caracia		1.3 STRE	ET ADDRESS				
CITY-ST-ZIP	FT LAUDERDALE FL 33316		1.4 CITY-	ST-ZIP				
TITLE			2.1 TITLE		=] Change	☐ Addition
NAME			2.2 NAME	:				1
STREET ADDRESS	3301 SE 14 AVE		2.3 STRE	ET ADDRESS				J
CITY-ST-ZIP	FT LAUDERDALE FL 33316		2.4 CITY	-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		-	
TITLE	and area by	☐ DELETÉ	3.1 TITLE] Change	☐ Addition
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STREET ADDRESS	٠ ,		3.3 STRE	ET ADDRESS				
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NAME			4. 2 NAM	E				}
STREET ADDRESS			4.3 STRE	ET ADDRESS				ł
CITY-ST-ZIP			4.4 CITY-	ST-ZIP		<u></u>	70	
TITLE	<u> </u>	☐ DELETE	5.1 TITLE] Change	☐ Addition
NAME			5.2 NAME	1				
STREET ADDRESS				ET ADORESS				1
CITY-ST-ZIP		——————————————————————————————————————	5.4 CITY		<u></u>		Charte	- Addition
TITLE		☐ DELETE	6.1 TITLE			L] Change	☐ Addition
NAME~	有品 物化工作物	•	6.2 NAME	Į.				Į
STREET ADDRESS	and the same are the		6.3 STRE	ET ADDRESS				

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 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 granged, or on an attackment with an address, with all other like empowered. CITY-ST-ZIP

SIGNATURE:

9547640616