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Feb 23, 1999 8:00 am  
Secretary of State

02-23-1999 90003 002 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000083487

1. Corporation Name  
OVERSEAS INTERNATIONAL, INC.



Principal Place of Business  
1000 SOUTH OCEAN BLVD. SUITE 15H  
POMPANO BEACH FL 33062

Mailing Address  
1000 SOUTH OCEAN BLVD. SUITE 15H  
POMPANO BEACH FL 33062

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
09/25/1997

4. FEI Number  
65-0806126

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.  
15H

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.  
15H

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

KRESLER, SHELDON  
1000 SOUTH OCEAN BLVD, SUITE 14E  
POMPANO BEACH FL 33062

10. Name and Address of New Registered Agent

81 Name KRESLER, SHELDON  
82 Street Address (P.O. Box Number is Not Acceptable)  
1000 S OCEAN BLVD SUITE 15H  
83  
84 City Pompano Beach FL 85 Zip Code 33062

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 *Sheldon Kresler*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/9/99

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME KRESLER, SHELDON  
STREET ADDRESS 1000 SOUTH OCEAN BLVD, SUITE 14E  
CITY-ST-ZIP POMPANO BEACH FL 33062

TITLE D  
NAME WALKER, WILLIAM  
STREET ADDRESS 2655 SOUTH BAYSHORE DRIVE, SUITE 216  
CITY-ST-ZIP COCONUT GROVE FL 33133

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS SUITE 15H  
1.4 CITY-ST-ZIP

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 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: *Sheldon Kresler*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/99

954-781-0053  
Daytime Phone #

CR2E034 (11/98)