

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

FILED  
Apr 29 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # J28005 (3)**  
1. Corporation Name  
**BODA MANUFACTURING COMPANY**



Principal Place of Business <b>RT 3, BOX 1127 KEYSTONE AIRPORT ROAD STARKE FL 32091 US</b>	Mailing Address <b>RT 3, BOX 1127 KEYSTONE AIRPORT ROAD STARKE FL 32091 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>08/06/1986</b>	4. FEI Number <b>58-1696827</b>	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
23. Zip	28. Zip	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
24. Country	29. Country	30. Country		

9. Name and Address of Current Registered Agent <b>BODENHEIMER, ANDREW 283 NW 41ST STREET, SUITE A GAINESVILLE FL 32608</b>				10. Name and Address of New Registered Agent			
				81. Name	<b>Andrew Bodenheimer</b>		
				82. Street Address (P.O. Box Number is Not Acceptable)	<b>2831 NW 41st STREET</b>		
				83.	<b>SUITE A</b>		
				84. City	<b>GAINESVILLE</b>	85. State	<b>FL</b>
						86. Zip Code	<b>32606</b>

11. Pursuant to the provisions of Sections 607.0102 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]* **PRESIDENT** DATE: **3/10/98**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BODENHEIMER, BERT A.</b>	1.2 NAME	
STREET ADDRESS	<b>204 BIG OAK ROAD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>STAMFORD CT</b>	1.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BODENHEIMER, BERTHA</b>	2.2 NAME	
STREET ADDRESS	<b>204 BIG OAK ROAD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>STAMFORD CT</b>	2.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BODENHEIMER, ANDREW</b>	3.2 NAME	
STREET ADDRESS	<b>4235 SW 91ST DRIVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GAINESVILLE FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BODENHEIMER, CAROL</b>	4.2 NAME	<b>DR. CAROL BODENHEIMER ALBERTS</b>
STREET ADDRESS	<b>KIRBY PLACE, #1831 7500 KIRBY DRIVE</b>	4.3 STREET ADDRESS	<b>3002 PRESLOTT</b>
CITY-ST-ZIP	<b>HOUSTON TX</b>	4.4 CITY-ST-ZIP	<b>HOUSTON, TX 77025</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BODENHEIMER, BRENDA</b>	5.2 NAME	
STREET ADDRESS	<b>204 BIG OAK ROAD</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>STAMFORD CT</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

*[Signature]* **3/10/98** **252-221-8200**

CR2E034 (10/97)