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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000067038 (5) DOCUMENT #

THE BODNAR GROUP, INC.

Mailing Address

FILED Jan 21 1998 8:00am Secretary of State



Principal Place of Business 7544 WILES RD. SUITE 2040 7544 WILES RD. SUITE 204C CORAL SPRINGS FL 33067-2056 CORAL SPRINGS FL 33067-2056 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/13/1996 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 21 NOT APPLICABLE 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible □ No 24 25 29 30 Personal Property Tax due June 30, 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent **BODNAR, DORIS** 7544 WILES RD, SUITE 204C Street Address (P.O. Box Number is Not Acceptable) 82 CORAL SPRINGS FL 33067-2056 83 84 City 85 Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change TITLE 1.1 TITLE Addition **BODNAR, DORIS** NAME 1.2 NAME 7544 WILES RD, SUITE 204C STREET ADDRESS 1.3 STREET ADDRESS CORAL SPRINGS FL 33067-2056 CITY - ST - ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TID F 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS City-St-ZiP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change ■ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST-ZIP DELETE ☐ Addition TITLE 6.1 TITLE NAMÉ 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 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, o