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

**PROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT # 231837** 

(6)

1. Corporation BODE'S	GARAGE, INC.	(0	,			Liberio ridor liigi nega reigo arkii reel engh edek edek edek elek elek elek elek elek	
Principal Place	a of Businese	Mailing Addres	2				
3308 GRAY STE TAMPA FL 3360		TAMPA FL 33605					
						3. Date incorporated or Qualified 3a. Date of Last Report 01/06/1960 02/20/1996	
	lace of Business	2a. Mailing Add	ress			4. FEI Number Applied For	
Suite, Apt.	# ate	26 Suite, Apt. #	elc			59-0890844   Not Applicable	e
22			27			5. Certificate of Status Desired Fee Required	١
City & State	3		City & State			Election Campaign Financing \$5.00 May Be	7
23		28				Trust Fund Contribution Added to Fees	_
Zip	houng ' houng ' houng			Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
24		25   29   30   9. Name and Address of Current Registered Agent				Florida Statutes Yes I No 10. Name and Address of New Registered Agent	ᅱ
BOD	E, ROBERT		,	81	Name		$\neg$
	GRAY STREET			62	Street A	Address (P.O. Box Number is Not Acceptable)	
	PA FL 33806				50000	Tradition (1.15. 50% (1.15. 1.15. 1.15. 1.15. 1.15. 1.15. 1.15. 1.15. 1.15. 1.15. 1.15. 1.15. 1.15. 1.15. 1.15	╝
				83			ļ
				B4	City	FL 85 Zip Code	٦
11. Pursuant office or r	to the provisions of Section egistered agent or both,	ons 607.0502 and 607.1508, Flor in the State of Florida. Such cha	ida Statutes, thinge was author	e above	named the corp	d corporation submits this statement for the purpose of changing its registered reporation's board of directors. I hereby accept the appointment as registered	3
agent ra SIGNATURE							.
12.		of registered agent and title if applicable. FICERS AND DIRECTORS		stered Age	nt signature i	re required when reinstating) DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
101.E	PD			1.1 TITLE		Change Addition	'n
NAME	BODE, ROBERT		1	1.2 NAME			Ì
STREET ADDRESS	3308 GRAY STREET		1	1.3 STREET	ADDRESS		l
CITY-ST-ZIP	TAMPA FL	**************************************		1.4 CITY-5	T-ZIP		
TITLE	SD DELETE			2.1 TITLE		Change Addition	н
NAME	BODE, SECUNDINO		2.2 NAM				Į
STREET ADDRESS	3208 GRAY STREET TAMPA FL			2.3 STREET			1
CITY-ST-ZIP TITLE	IAMITA FL			2. 4 CITY-5 3.1 TITLE	51- ZIP	Change Addition	'n
NAME S				3.2 NAME	1		-
STREET ADDRESS			3	3 3 STREET	ADDRESS		
CITY - ST - ZIP			3	3.4. DITY - 5	ST-ZIP	}	
YITLE			ELETE 6	4.1 TITLE	ſ	Change Addition	'n
NAME			4	4. 2 NAME	1		-
STREET ADDRESS			4	4.3 STREET	ADDRESS		1
CiTY-SY-ZiP	· · · · · · · · · · · · · · · · · · ·			4.4 CITY - S	1-ZIP		
TOTLE		<u></u> L		5.1 TITLE	ł	Change Addition	"
NAME STREET ADORESS				5.2 NAME 5.3 STREET	ADDRECC	}	١
CITY-ST-ZIP				5.4 CITY - S			
TITLE				6.1 TITLE	, 211	☐ Change ☐ Addition	'n
NAME		<del>_</del>		62 NAME	ļ		
STREET ADDRESS				6.3 STREET	ADDRESS		
CITY - S1 - ZIP				6.4 CITY - S			

**FILED** 

Feb 17 1997 8:00am

Secretary of State

14. To 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.