

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6/30/95: \$225 (IF DISSOLVED, EXCESSIVE AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 381617 (0)

1. Corporation Name
CODE, INC.

Principal Place of Business

1016 CLEMONS ST
STE 208
JUPITER FL 33477

Mailing Address

1016 CLEMONS ST
STE 208
JUPITER FL 33477

FILED

95 JUL 11 AM 9:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 05/05/1971	3a. Date of Last Report 05/01/1994
4. FEI Number 59-1373879	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 has liability for intangible tax under s. 109.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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9. Name and Address of Current Registered Agent

MATTSON, DOUGLAS K
1016 CLEMONS ST
STE 208
JUPITER FL 33477

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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 reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	MATTSON, DOUGLAS K	1.2 NAME	
STREET ADDRESS	1016 CLEMONS ST 208	1.3 STREET ADDRESS	
CITY - ST - ZIP	JUPITER, FL	1.4 CITY - ST - ZIP	
TITLE	VPD	2.1 TITLE	☐ Change ☐ Addition
NAME	MATTSON, DOUGLAS K. J	2.2 NAME	
STREET ADDRESS	233 SE 4TH AVE.	2.3 STREET ADDRESS	
CITY - ST - ZIP	DELRAY BEACH FL	2.4 CITY - ST - ZIP	
TITLE	VPD	3.1 TITLE	☐ Change ☐ Addition
NAME	MATTSON, ERIC J.	3.2 NAME	
STREET ADDRESS	6271 N. DIXIE HWY	3.3 STREET ADDRESS	
CITY - ST - ZIP	FT. LAUDERDALE FL	3.4 CITY - ST - ZIP	
TITLE	STD	4.1 TITLE	☒ Change ☐ Addition
NAME	MATTSON, MARK E	4.2 NAME	
STREET ADDRESS	517 ESSEX DRIVE	4.3 STREET ADDRESS	528 BRACKENWOOD PLACE
CITY - ST - ZIP	TALLAHASSEE FL	4.4 CITY - ST - ZIP	PALM BEACH GARDENS, FL. 33418
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOUGLAS K. MATTSON

7-7-95

Date

(407) 747-5664

Signature / Phone #