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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

FILED May 13 1997 8:00am Secretary of State

DOCUMENT # 542294 1. Corporation Name THE ODYSSEY CORPORATION Principal Place of Business Mailing Address 1050 Silver SANDS NAPLES FL 33942 Mailing Address NAPLES FL 34109-1529										
				÷			3. Date Incorporated or Qualified 06/01/1977	3a. Date o		eport
2. Principa f	Place of Business		28. Mailir	ng Address		······································	4. FEI Number			plied For
Course And H. edg.			26 Suite, Apt #, etc.				59-1796543 5. Certificate of Status Desired □		Not Applicable \$8.75 Additional Fee Required	
	Surte, Apt. #, etc.									
City & Sta	ite			State			6. Election Campaign Financing			May Be
3	Countr		28 Zip		Coun		Trust Fund Contribution		Added t	
Z(p)	25	у	29		30	u y	8. This corporation has liability for Florida Statutes	intangible tax		199.032,
<u></u>	9. Name and Addre	ss of Current		Agent			10. Name and Address of New Re	gistered Age	nt	
	NER, THAYER				18	Name				
	O SILVER SANDS PLES, FL				Ē	Street Add	dress (P.O. Box Number is Not Acceptat	ole)		
	Ples fl 33942				ε	13				
100	CLO I L GODYL									
					15	34] City		FL *	131	1109
	t to the provisions of Sec registered agent, or bott am fun liar with, and acc	tions 607.0502 h, in the State (cept the obliga	2 and 607.150 of Florida. Su ations of, Sect	08, Florida Stat ch change was ion 607.0505, I	utes, the abx s authorized Florida Statu	ove-named corporates.	rporation submits this statement for the pation's board of directors. I hereby acce	purpose of cha pt the appoint	anging It ment as	s registered registered
SIGNATURE	Signature, typest or printed nam		nt and tille if applic	able. (N	OTE Registered	Agent a gnature req	rporation submits this statement for the pation's board of directors. I hereby accellured when reinstating) ADDITIONS/CHANGES TO OFFICE	purpose of cha pt the appoint DATE CERS AND DI		
11. Pursuant office or agent 1: SIGNATURE 12. TIBLE	Signature, typed or profited name C V TONER, AMY	e of registered ager DEFICERS AND	nt and tille if applic	āble. (N	OTE Registered	Agent's gnature req	uired when reinstating)	purpose of cha pt the appoint DATE CERS AND DI	RECTOF	IS IN 12
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Too make, coming that the information supplied with this immigrates not quality in the exemption stated in section 119.07(3)(), Florida Statutes. Thirmer 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.

FIE CILLIFIE MAREN TOWER, PRESIDENT APR 29,1947 513-9899

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