FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Morthans ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS 586145 DOCUMENT # (5) BODO KNOCHE CORP. Principal Place of Business Mailing Address 4242 DEL PRADO BLVD. 47/4 4742 DELPRADO BLVD. CAPE CORAL FL 33904 CAPE CORAL FL 33904 Date Incorporated or Qualified 09/05/1978 3a. Date of Last Report 06/27/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 21 Applied For 59-1850483 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zφ Country 8. This corporation has liability for intangible tax under s. 199.032 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name HILL, THOMAS W. Street Address (P.O. Box Number is Not Acceptable) 1318 LAFAYETTE ST. 82 CAPE CORAL FL 33904 83 84 City 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agost and tipe it applicable (NOTE Registered Agent signature required when revisible gr DATE 12. OFFICERS AND DIRECTORS 13. CR2E034 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 THILE DELETE 1 1 TILE Change Addition KNOCHE, BODO NAME 1.2 NAME 514 CORAL DRIVE STREET ADDRESS 1.3 STREET ADDRESS CAPE CORAL FL CHTY - ST - ZIP 14 CITY - ST - 7iP TITLE DELETE 2 1 THEF Change Addition NAME 2.2 NAME STREET ADDRESS 23 STHEET ADDRESS CITY-ST-ZIP 2.4 CiTY+ST_7/P Tille DELETE 3 1 TIFLE Change ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS City-St-ZiP 3.4 OITY - ST - 7JP TITLE DELETE 4 HITTLE ☐ Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CHY-ST-ZIP 4.4 City - \$1 - 20 THILE DELETE 5 1 TifleE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 City - St - 7(f) TITLE DELETE 6 1 TITLE Change Addition NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP 14. I do hereby certify that the information supplied with this fing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annue, report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under appears in Block 12 or Block 13 if changed, or point an attackment with an address. 6.4 CITY - ST - ZIP

SIGNATURE: 1

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR