

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F09689** (3)

1. Corporation Name
BODEE DEVELOPMENT CORPORATION



Principal Place of Business
**2000 NE 47TH STREET
FT. LAUDERDALE FL 33308**

Mailing Address
~~2000 NE 47TH STREET
FT. LAUDERDALE FL 33308~~

To R.G. Lubbers

3. Date Incorporated or Qualified 10/16/1980	3a. Date of Last Report 02/28/1995
4. FEI Number 59-2325439	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. <i>3000 N. FEDERAL HWY</i>
22. City & State	27. <i>13106 TWO SOUTH</i>
23. Zip	28. <i>PORT LAUDERDALE, FL.</i>
24. Country	29. <i>33306</i>
	30. <i>FLORIDA</i>

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LUBBERS, R. G., JR.
3000 N. FEDERAL HIGHWAY
BUILDING 2, SECOND FLOOR
FT. LAUDERDALE FL 33308**

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 _____ (NOTE: Registered Agent signature required when transferring) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	HELD, MICHAEL
STREET ADDRESS	2000 NE 47TH STREET
CITY - ST - ZIP	FT. LAUDERDALE FL 33308
TITLE	VP <input type="checkbox"/> DELETE
NAME	HELD, STEPHEN
STREET ADDRESS	2000 NE 47TH STREET
CITY - ST - ZIP	FT. LAUDERDALE FL 33308
TITLE	ST <input type="checkbox"/> DELETE
NAME	PACE, WILLIAM L
STREET ADDRESS	2000 NE 47TH STREET
CITY - ST - ZIP	FT. LAUDERDALE FL 33308
TITLE	AS <input type="checkbox"/> DELETE
NAME	HELD, ROBERT T SR.
STREET ADDRESS	2000 NE 47TH STREET
CITY - ST - ZIP	FORT LAUDERDALE FL 33308
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 119.07(3)(k), 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.

SIGNATURE: *T. G. Held*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/96 305 491-2300
Date Daytime Phone

CR2E034 (12/95)