

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 # **F95000003289 (4)**

1. Corporation Name

**BODOH QUARTZ, INC.**



Principal Place of Business

**1222 4TH ST  
KEY WEST FL 33040**

Mailing Address

**1222 4TH ST  
KEY WEST FL 33040**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

g. Name and Address of Current Registered Agent

**BODOH, RONALD M  
1222 4TH ST  
KEY WEST FL 33040**

3. Date Incorporated or Qualified

**07/07/1995**

3a. Date of Last Report

4. FEI Number

**39-1595494**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐ **\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

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 of professional and registered agent not to be applied

(Note: Registered Agent signature required when re-appointing)

DATE

**Ronald M Bodoh** **Ronald M Bodoh** **4/15/96**

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DCVS  
HENKE, LARRY D**  
STREET ADDRESS **1222 4TH ST**  
CITY-ST-ZIP **KEY WEST FL 33040**

TITLE ☐ DELETE

NAME **DCPT  
BODOH, RONALD M**  
STREET ADDRESS **1222 4TH ST**  
CITY-ST-ZIP **KEY WEST FL 33040**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

2. NAME  
13. STREET ADDRESS

14. CITY-ST-ZIP

2. TITLE ☐ Change ☐ Addition

2. NAME  
23. STREET ADDRESS

24. CITY-ST-ZIP

3. TITLE ☐ Change ☐ Addition

3. NAME  
33. STREET ADDRESS  
34. CITY-ST-ZIP

4. TITLE ☐ Change ☐ Addition

4. NAME  
43. STREET ADDRESS  
44. CITY-ST-ZIP

5. TITLE ☐ Change ☐ Addition

5. NAME  
53. STREET ADDRESS  
54. CITY-ST-ZIP

6. TITLE ☐ Change ☐ Addition

6. NAME  
63. STREET ADDRESS  
64. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Ronald M Bodoh**

**Ronald M Bodoh**

**4 15 96**  
**305 295 9002**  
Fax: Daytime Phone: \*

CR2E034 (12/95)