

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 16 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **G47965** (0)
1. Corporation Name
BODO ENTERPRISES, INC.

Principal Place of Business

3702 N US 1
COCOA FL 32926
US

Mailing Address

4310 LANTERN DR
TITUSVILLE FL 32796
US



DO NOT WRITE IN THIS SPACE

| | | | |
|--------------------------------|---------------------|---------------------|--|
| 2. Principal Place of Business | | 2a. Mailing Address | |
| 21 3702 N. US 1 | 26 4310 LANTERN DR. | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| 22 | 27 | | |
| City & State | | City & State | |
| 23 COCOA, FL. | 28 TITUSVILLE, FL. | | |
| Zip | | Zip | |
| 24 32926 | 29 32796 | Country | |
| 25 BREVARD | 30 BREVARD | | |

| | |
|---|--------------------------------|
| 3. Date Incorporated or Qualified | |
| 07/08/1983 | |
| 4. FEI Number | Applied For |
| 59-2323782 | 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 owes or has paid the current year Intangible Personal Property Tax due June 30. | |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

BODO, JOSEPH F.
4310 LANTERN DRIVE
TITUSVILLE FL 32796

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 reinstating)

DATE

OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------|---------------------------------|
| TITLE | DP | <input type="checkbox"/> DELETE |
| NAME | BODO, FLORENCE A | |
| STREET ADDRESS | 4310 LANTERN DR | |
| CITY-ST-ZIP | TITUSVILLE, FL 00000 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | P/TID |
| 1.3 STREET ADDRESS | BODO, FLORENCE A. |
| 1.4 CITY-ST-ZIP | 4310 LANTERN DR. |
| 2.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | V/SID |
| 2.3 STREET ADDRESS | BODO, JOSEPH F. |
| 2.4 CITY-ST-ZIP | 4310 LANTERN DR. |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | TITUSVILLE, FL. 32796 |
| 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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: JOSEPH F. BODO *Joseph F. Bodo* 4/15/98 407-631-7740

CR2E034 (10/97)