FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 10 AM 9:00

DOCUMENT # K32154 (2)

1. Corporation Name
KODA' INC.

Principal Place of Business	Mailing Address
25400 SW 139 AVE PRINCETON FL 33092 US	PO BOX 4282 HOMESTEAD FL 33092-4282 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
08/31/1988	03/15/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	
21	26	59-1959609	☐ Applied For ☐ Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. # P.O. BOX 924282	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
23 City & State	28 City & State HOMESTEAD, FL 33092-4282	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
24 Zip / 25 Country	29 Zip / 30 Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LIEBMAN, J. DAVID 3226 PONCE DE LEON BLVD. CORAL GABLES FL 33134	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VS	1.1 TITLE	N/A	☑ Change ☐ Addition
NAME	GRAWFORD, GALE S.	1.2 NAME	P.O. BOX 924282 HOMESTEAD, FL 33092-4282	
STREET ADDRESS	25200 S.W. 139 AVENUE	1.3 STREET ADDRESS		
CITY-ST-ZIP	PRINCENTON FL	1.4 CITY-ST-ZIP		
TITLE	DP	2.1 TITLE	N/A	☑ Change ☐ Addition
NAME	PRICE, C.W.	2.2 NAME	P.O. BOX 924282 HOMESTEAD, FL 33092-4282	
STREET ADDRESS	25200 S.W. 139 AVENUE	2.3 STREET ADDRESS		
CITY-ST-ZIP	PRINCENTON FL	2.4 CITY-ST-ZIP		
TITLE	DT	3.1 TITLE	N/A	☑ Change ☐ Addition
NAME	CRAWFORD, GALE S.	3.2 NAME	P.O. BOX 924282 HOMESTEAD, FL 33092-4282	
STREET ADDRESS	25200 SW 139 AVE.	3.3 STREET ADDRESS		
CITY-ST-ZIP	PRINCENTON FL	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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: Lee Crawford 2/13/95 (305) 258-0742
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

0426070 FP