

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAR 23 AM 10:16

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P31747 (9)

1. Corporation Name

BODA INDUSTRIES, INC.

Principal Place of Business

239 S. MAIN ST.
SO. HACKENSACK NJ 07606

Mailing Address

239 S. MAIN ST.
SO. HACKENSACK NJ 07606

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/31/1990

3a. Date of Last Report

03/23/1994

4. FEI Number

22-2378378

Applied For

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

Zip

30

9. Name and Address of Current Registered Agent

**PANACEK, WILLIAM
429 N. ORANGE BLOSSOM TRAIL
ORLANDO FL 32805**

10. Name and Address of New Registered Agent

81 Name

AL Runfola

82 Street Address (P.O. Box Number is Not Acceptable)

International Bns Parts

83

2055 Sprint Blvd

84

City **Apopka**

FL

85 Zip Code

32704

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

AL RUNFOLA

AL Runfola

2-9-95

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when name is being changed)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

NAME

DANK, KEFF

STREET ADDRESS

145 SERPENTINE RD.

CITY-ST-ZIP

TENAFLY NJ

TITLE

VD

NAME

APGAR, JACK

STREET ADDRESS

4901 STONERIDGE RD

CITY-ST-ZIP

EDISON NJ

TITLE

SD

NAME

DANK, ROBERT

STREET ADDRESS

403 FALETTI CIRCLE

CITY-ST-ZIP

RIVERVALE NJ

TITLE

T

NAME

DANK, DANIEL

STREET ADDRESS

610 SLOAT PLACE

CITY-ST-ZIP

RIVERVALE NJ

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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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)(b), 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 addition.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

DATE

Daytime Phone #