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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

FILED Feb 18, 1999 8:00am

1999			DIVISION OF CORPORATIONS		Secretary of State		
DOCUN 1. Corporation	/ENT # PC	•	- 19 mg		02-18-1999 90089 048 ****1:	50.00	
BODA INI	DUSTRIES, INC.						
Principal Place	of Business		Mailing Address				
			238 S. Main St. So. Hackensack nj 07606				
SU. HACKENSAL	JR NJ 07000	`	O. TIMOREMONON TO U. TO			E IN THIS SPACE	
					3. Date Incorporated or Qualifed		
			2 - Mailing Addsons		08/31/1990 4. FEI Number		pplied For
<u></u>	ace of Business	 	2a. Mailing Address		22-2378378		lot Applicable
Suite, Apt. #	# etc	20	Suite, Apt. #, etc.				Additional
22	r, Ew	2:	7		5. Certifcate of Status Desired	Fee F	Required
City & State	9		City & State		6. Election Campaign Financing	1 1 . *	May Be
23		2	8		Trust Fund Contribution	Added	to Fees
Zip	Coun	· —	Zìp	Country	8. This corporation owes the curre	ent year Intangible ☐Yes	MNo
24	25	2:		0	Personal Property Tax. 10. Name and Address of New R		
	9. Name and Add	ress of Current Re	Jistered Agent	81 Name			
					Alak Assault	No.	
INTERNATIONAL BUS PARTS 82 Street Addre					ddress (P.O. Box Number is Not Accepta		
	SPRINT BLVD			83			
I	PKA FL 32704					85 Zip	Code
				84 City		FL	
11. Pursuant i	to the provisions of Se	ections 607.0502 and	d 607.1508, Florida Statutes	, the above-named c	corporation submits this statement for the ration's board of directors. I hereby accep	purpose of changing i	ts registered
office or re	egistered agent, or bo	th, in the State of Flace of the control of the con	orida. Such change was aut of, Section 607.0505, Florid	honzed by the corpor la Statutes.			_
1	GQ ((in lil.	A I Ku	ntala	30	2 ~ 15, 199	<u> 14</u>
SIGNATURE	Signature, typed or printed na		title if applicable. (NOTE: R	Registered Agent signature rec	quired when reinstating) ADDITIONS/CHANGES TO OFF		
12.		OFFICERS AND DI		13.	ADDITIONS/CHANGES TO OFF	Change	
TITLE	PD		☐ DELETE	1.1 TITLE			_
NAME	DANK, KEFF	. DD		1.2 NAME			
STREET ADDRESS	145 SERPENTINE	. KU.		1.3 STREET ADDRESS			
CITY-ST-ZIP	TENAFLY NJ SD		☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	-	☐ Change	e
TITLE	DANK, ROBERT		_, •	2.2 NAME			
NAME OTREET ARDRESS	363 CATSKILL CT	T		2.3 STREET ADDRESS			
STREET ADORESS	MAHWAH NJ	' / ~~~		2.4 CITY-ST-ZIP			
TITLE	Ť		☐ DELETE	3.1 TITLE		☐ Chang	e Additio
NAME	DANK, DANIEL			3.2 NAME	,		•
STREET ADDRESS	610 SLOAT PLAC	E		3.3 STREET ADDRESS			
CITY-ST-ZIP	riverval e n j			3.4. CITY-ST-ZIP		☐ Chang	e
TITLE		·	☐ DELETE	4.1 TITLE			6 Notino
NAME				4, 2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP			□ sector	4.4 CITY-ST-ZIP		Chang	e
TITLE			☐ DELETE	5.1 TITLE 5.2 NAME		_ Ç. ming	
NAME	!			5.2 NAME 5.3 STREET ADDRESS			
STREET ADDRESS				5.4 CITY-ST-ZIP			
CITY-ST-ZIP			☐ DELETE	6.1 TITLE		Chang	e Additio

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, with all other like expowered. CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNAND OFFICER OR DIRECTOR