

FILE NOW: FILING FEE AFTER MAY 15 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



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

1999 1998

DOCUMENT # P92000000718-6

1. Corporation Name KODICA CORP.

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90277 040 ***150.00

Principal Place of Business 1381 NIMBUS DRIVE NORTH PORT FL 34287 US Mailing Address P.O. BOX 7805 NORTH PORT FL 34287 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/29/1992

4. FEI Number

65-0367058

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 owes or has paid the current year Intangible Personal Property Tax due June 30.

Yes No

2. Principal Place of Business

2a. Mailing Address

21 14869 Tamiami Trail

26 14869 Tamiami Trail

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

North Port, FL34287

North Port, FL 34287

24 Zip

25 Country

34287

U.S.A.

29 Zip

30 Country

34287

U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Stephen A. Kalapati 1381 Nimbus Drive North Port, Fl 34287

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include Robert Shedeger, Beverley Shedeger, Stephen A Kalapati, and Maria Kalapati.

Table with 4 columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP. Includes checkboxes for Change and Addition.

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:

Signature of Stephen A. Kalapati

4-20-99

Date

Daytime Phone # 0483762

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR