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

APPROVED AND FILED

95 APR 20 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000072787 (3)**

1. Corporation Name
E. F. CODD & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
21402 W. DIXIE HWY NORTH MIAMI BEACH FL 33180	21402 W. DIXIE HWY NORTH MIAMI BEACH FL 33180

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/11/1993
3a. Date of Last Report: 02/08/1994

2. Principal Place of Business
21 1000 ISLAND BLVD
22 Suite, Apt. #, etc. 2506
23 City & State: AVENTURA FL
24 Zip: 33160 25 Country: USA

2a. Mailing Address
26 P.O.B. 630553
27 Suite, Apt. #, etc.
28 City & State: MIAMI FL
29 Zip: 33163-0553 30 Country: USA

4. FEI Number: 65-0456010 ☐ 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

9. Name and Address of Current Registered Agent

BLOOM, KENNETH M
444 BRICKELL AVE.
SUITE 650
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: ROBERT INFELD
82 Street Address (P.O. Box Number is Not Acceptable): 5801 BISCAYNE BLVD
83
84 City: MIAMI FL 85 Zip Code: 33137

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: Robert H Infeld — 4-17-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when restituting) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	CODD, SHARON B ☒ Change ☐ Addition
NAME	CODD, SHARON B	12 NAME	
STREET ADDRESS	21402 W. DIXIE HWY	13 STREET ADDRESS	1000 ISLAND BLVD #2506
CITY ST ZIP	N. MIAMI BEACH FL 33180	14 CITY ST ZIP	AVENTURA, FL 33160
TITLE	D	21 TITLE	CODD, EDGAR F. ☒ Change ☐ Addition
NAME	CODD, EDGAR F	22 NAME	
STREET ADDRESS	21402 W. DIXIE HWY	23 STREET ADDRESS	1000 ISLAND BLVD #2506
CITY ST ZIP	N. MIAMI BEACH FL 33180	24 CITY ST ZIP	AVENTURA FL, 33160
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(k), 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: Sharon B Codd — 4-17-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0197000 CP