

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

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Apr 14, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000082038

1. Corporation Name
ODO, INC.

Principal Place of Business
2200 OLD GERMANTOWN ROAD
DELRAY BEACH FL 33445

Mailing Address
PO BOX 5029
BOCA RATON FL 33431
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/01/1993

4. FEI Number
65-0458575

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 the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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	
TITLE	CEO
NAME	FUENTE, DAVID I
STREET ADDRESS	2200 OLD GERMANTOWN RD
CITY-ST-ZIP	DELRAY BEACH FL 33445
TITLE	VSTD
NAME	GOLDSTEIN, BARRY J
STREET ADDRESS	2200 OLD GERMANTOWN RD
CITY-ST-ZIP	DELRAY BEACH FL 33445
TITLE	V
NAME	SCHMIDT, JOHN R
STREET ADDRESS	2200 OLD GERMANTOWN ROAD
CITY-ST-ZIP	DELRAY BEACH FL 33445
TITLE	D
NAME	SOLOMON, PETER
STREET ADDRESS	2200 OLD GERMANTOWN RD
CITY-ST-ZIP	DELRAY BEACH FL 33445
TITLE	D
NAME	COHAN, CYNTHIA R
STREET ADDRESS	2200 OLD GERMANTOWN RD
CITY-ST-ZIP	DELRAY BEACH FL 33444
TITLE	D
NAME	HADRIAK, SCOTT W
STREET ADDRESS	2200 OLD GERMANTOWN RD
CITY-ST-ZIP	DELRAY BEACH FL 33444

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	President
1.2 NAME	John Macatee
1.3 STREET ADDRESS	2200 Old Germantown Rd.
1.4 CITY-ST-ZIP	Delray Beach, FL 33445
2.1 TITLE	Treasurer
2.2 NAME	Jeffrey Aiken
2.3 STREET ADDRESS	2200 Old Germantown Rd.
2.4 CITY-ST-ZIP	Delray Beach, FL 33445
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	

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 empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeffrey Aiken

1-29-99

561-278-4800

Date

Daytime Phone #

CR2E034 (11/98)