AMENDED

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

Amended

FILED

96 DEC 31 PM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # P95000003758 (6)

1. Corporation Name

GODA INVESTMENTS CORP.

Principal Place of Business	Mailing Address
382 5th Ave. S. Naples, Fl. 34102	382 5th Ave. S. Naples, Fl. 34102

3. Date Incorporated or Qualified: 1/13/95 | 3a. Date of Last Report:

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24:
County — 25: Collier

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29:
County — 30: Collier

4. FEI Number: 65-0553674 ☐ 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

Schwarz, Bernhard
11680 Bonita Beach Rd, Suite 3
Bonita Springs, Fl. 33923

10. Name and Address of New Registered Agent

81 Name: Gudrun R. Todd
82 Street Address (P.O. Box Number is Not Acceptable): 382 5th Ave. S.
83:
84 City: Naples **FL** 85 Zip Code: 34102

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: Gudrun R. Todd (Gudrun R. Todd) (Note: Registered Agent Signature required when not qualifying) DATE: 12-20-96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	D	☒ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
1.2 NAME	Schwarz, Bernard		1.2 NAME	Imro Goda	
1.3 STREET ADDRESS	14848 Old U.S. 41, Unit 6		1.3 STREET ADDRESS	28986 Seton Ct.	
1.4 CITY-ST-ZIP	Naples, Fl. 33963		1.4 CITY-ST-ZIP	Bonita Springs, Fl. 34134	
2.1 TITLE		☐ DELETE	2.1 TITLE	V	☒ Change ☐ Addition
2.2 NAME			2.2 NAME	Sofia Goda	
2.3 STREET ADDRESS			2.3 STREET ADDRESS	28986 Seton Ct.	
2.4 CITY-ST-ZIP			2.4 CITY-ST-ZIP	~~Bonita Springs, Fl. 34134~~	
3.1 TITLE		☐ DELETE	3.1 TITLE	S	☐ Change ☒ Addition
3.2 NAME			3.2 NAME	Melanie Esther Goda	
3.3 STREET ADDRESS			3.3 STREET ADDRESS	28986 Seton Ct.	
3.4 CITY-ST-ZIP			3.4 CITY-ST-ZIP	Naples, Fl. 34134	
4.1 TITLE		☐ DELETE	4.1 TITLE	T	☐ Change ☒ Addition
4.2 NAME			4.2 NAME	Emmerich Sascha Goda	
4.3 STREET ADDRESS			4.3 STREET ADDRESS	28986 Seton Ct.	
4.4 CITY-ST-ZIP			4.4 CITY-ST-ZIP	~~Bonita Springs, Fl. 34134~~	
5.1 TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
5.2 NAME			5.2 NAME		
5.3 STREET ADDRESS			5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP			5.4 CITY-ST-ZIP		
6.1 TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
6.2 NAME			6.2 NAME		
6.3 STREET ADDRESS			6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (3/96)

100002045412--0
-01/03/97--01139--003
*****61.50 *****61.50

14. I declare to the best of my knowledge and belief, this report is not voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 above or on an attachment with an address.

SIGNATURE: Sofia Goda V. Sofia Goda — 12-20-96 — 941-261-0808

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

$161.25

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25.)

(1)

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
96 DEC 31 PM 3:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N41246

1. Corporation Name
Florida Summer Industrial Fellowship for Teachers, Inc.

Principal Place of Business | Mailing Address

3. Date Incorporated or Qualified | 3a. Date of Last Report

2. Principal Place of Business
21 817 DIXON BLVD.
Suite, Apt. #, etc.
22 Suite 6-B
City & State
23 Cocoa, FL 32922
Zip | Country
24 | 25

2a. Mailing Address
26 817 DIXON BLVD.
Suite, Apt. #, etc.
27 SUITE 6-B
City & State
28 Cocoa, FL 32922
Zip | Country
29 | 30

4. FEI Number 59-3063639 ☐ 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
DONALD T. BECK
817 Dixon Blvd, 6-B
Cocoa, FL 32922

10. Name and Address of New Registered Agent
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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	See Attached	☑ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	DT James R. Smith 4280 Grovewood Lane Titusville, FL 32780	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	See Attached	☑ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	DP Michael L. Martin 1724 S. Riverside Dr. Edgewater, FL 32132	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS Ronald Hutt 536 Rio Casa Dr. South Indialantic, FL 32903	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	T00000204540T---3 -01/03/97--01139--002 *****61.25 ******61.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	12/31/96	☐ Change ☐ Addition

CR2E037 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ronald C. Hutt 10/31/96 407 631-5051
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #