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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P95000003758 (6)**

1. Corporation Name
GODA-INVESTMENT CORP.

Principal Place of Business	Mailing Address
14848 OLD HWY US 41 UNIT 6 NAPLES FL 33963 US	14848 OLD US 41 UNIT 6 NAPLES FL 34110-8443 US

3. Date Incorporated or Qualified: 01/13/1995
3a. Date of Last Report: 04/09/1996

2. Principal Place of Business
21 382 FIFTH AVE. SOUTH
22 Suite, Apt. #, etc.
23 City & State: NAPLES, FLORIDA
24 Zip: 33940
25 Country: COLLIER

2a. Mailing Address
26 382 FIFTH AVE. SOUTH
27 Suite, Apt. #, etc.
28 City & State: NAPLES, FLORIDA
29 Zip: 33940
30 Country: 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
14848 OLD US HWY 41
UNIT 6
NAPLES FL 33963

10. Name and Address of New Registered Agent
81 Name: GUDRUN R. TODD
82 Street Address (P.O. Box Number is Not Acceptable): 382 FIFTH AVE. SOUTH
83
84 City: NAPLES, FLORIDA FL 85 Zip Code: 33940

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 — Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE: 1/24/97

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	SCHWARZ, BERNHARD		1.2 NAME	IMRO GODA	
STREET ADDRESS	14848 OLD US 41 UNIT 6		1.3 STREET ADDRESS	28986 SETON COURT	
CITY-ST-ZIP	NAPLES FL		1.4 CITY-ST-ZIP	BONITA SPRINGS, FLORIDA 34134	
TITLE	PS	☒ DELETE	2.1 TITLE	V/D	☒ Change ☐ Addition
NAME	GODA, IMRO		2.2 NAME	SOFIA GODA	
STREET ADDRESS	28986 SETON COURT		2.3 STREET ADDRESS	28986 SETON COURT	
CITY-ST-ZIP	BONITA SPRINGS FL		2.4 CITY-ST-ZIP	BONITA SPRINGS, FLORIDA 34134	
TITLE	VT	☒ DELETE	3.1 TITLE	T	☐ Change ☒ Addition
NAME	SOFIA, CODA		3.2 NAME	EMMERICH SASCHA GODA	
STREET ADDRESS	28986 SETON COURT		3.3 STREET ADDRESS	28986 SETON COURT	
CITY-ST-ZIP	BONITA SPRINGS FL		3.4 CITY-ST-ZIP	BONITA SPRINGS, FLORIDA 34134	
TITLE		☐ DELETE	4.1 TITLE	S	☐ Change ☒ Addition
NAME			4.2 NAME	MELANIE ESTHER GODA	
STREET ADDRESS			4.3 STREET ADDRESS	28986 SETON COURT	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	BONITA SPRINGS, FLORIDA 34134	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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: [illegible] V.P. — 1-24-97 — (941) 261-6868