FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



SIGNATURE: Man Wepse SUNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

1996

DIVISION OF CORPORATIONS

Principal Place c	BODZ, INC.	00044208	(3)						
HOT I Principal Place of 341 SKYWA HANGAR C EDGEWATEI	BODZ, INC.		•						
Principal Place c 341 SKYWA HANGAR C EDGEWATEI									
341 SKYWA HANGAR C EDGEWATEI	of Business					E JACANACA HAR JANGU ANGU ANGU	ea nn ea nn eann	AHBIH 81919	
HANGAR C EDGEWATEI		Mailing Address							
EDGEWATE	AY DRIVE BLDG. 1	341 SKYWAY DRI	VE RIDG 1						
		HANGAR C							
2. Principal Plac	H FL 32132	EDGEWATER FL 3	12132			3. Date Incorporated or Qualified	3a. Date	of Last E	Ponod
Principal Place						05/31/1995	Ja. Date	UI Last F	waport
	ce of Business	2a. Mailing Address			4, FEI Number			Applied For	
Suite, Apt. #,	etc	26 Suite, Apt. #, etc.			59-416541			Not Applicable	
2	, 610.	27			5. Certificate of Status Desired			5 Additional	
City & State		City & State			6. Election Campaign Financing			Required	
3		28				Trust Fund Contribution			May Be
Zip ⊒	Country	Zιρ		untry		8. This corporation has liability for	intangible tax		
4	25 9. Name and Address of Curren	29	30			Florida Statutes 🔲 Ye	s 🗀 No		
	5. None and Address of Corre	it negistered Agent		81	Name	10. Name and Address of New	Registered A	gent	
DEPEW, MARK D									
341 SKYWAY DRIVE BLDG. 1 HANGAR C EDGEWATER FL 32132				82 Stree		idress (P.O. Box Number is Not Accepta	ble)		
				83					
				84	City			T. T.	
				ΙI	•		FL	1 1	p Code
or registered	the provisions of Sections 607.0502 diagent, or both, in the State of Florid	l and 607,1508, Florida Statu da. Such change was authori	ites, the abo	ove-na	amed corp	oration submits this statement for the po pard of directors. I hereby accept the app	rpose of char	ging its i	egistered office
·	, and accept the obligations of, Secti	ion 607.0505, Florida Statute	S.	,		от от ополога. Тнегару всеерт гле ару	on in bentas r	egistered	agent. i am
SIGNATURE	gnature, typed or printed name of registered agent	and the if applicable ///	OTE: Busieleen	· ·		ired when reinstating)			
12.	OFFICERS AND		13.		s-g-raicre requ	ADDITIONS/CHANGES TO OF	DATE ICERS AND	DIRECTO)RS (N. 12
ITLE	D	☐ DELETE	1.11	TITLE				Change	Addition
IAME	DEPEW, MARK D		1.2 N	AME					_
STREET ADDRESS	341 SKYWAY DRIVE BLDG. EDGEWATER FL 32132	1 HANGAR C	1.3\$	TREE 1 A	DORESS				
ITLE	D COCHAIGH PL 32132	☐ DELETE		ITY-\$1-	- ZIP				
IAME .	DEPEN JOHN D 12 BROWN PelicAN BRIVE MytoNA bch, F1 32119		·	2 1 TITLE 2 2 NAME			IJ	Change	☐ Addition
TREET ADDRESS	117 BROWN Pelica	NBRIVE		2 3 STREET ADDRESS					
HY-ST-ZIP	DrytonA bch A	1 32119	1	ITY-ST-					
III.	•	☐ DELETE	3.11	ITLE				Change	Addition
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TREET ADDRESS					DDRES\$				
ITH - ST-ZIP		DELETE	3.4 C	ITY-SI-	ZiP		Fin		
AME		EJ otten	4.1 F					Change	Addition
TREET ADDRESS				rivic FREET AL	ODRESS				
ITY - S1 - ZIP				ITY-S1-					
FLF		DELETE	5 1 T					Change	Addition
AME			5 2 NA	AME			_	-	
TV ST 7/0			5.3 \$1	'REET AL	DDRESS				
TY-ST-ZIP TLF		☐ DELETE		IY-SI-	ZIP				
AME		☐ DECENE	6. 1 TI 62 NA					Change	☐ Addition
REE1 ADDRESS				rme Reet ac	nngree				
TY-ST-ZIP			6400	rv.ct.	710				
4. I do hereby co	ertify that the information supplied w	ith this filing is voluntarily furr				for the exemption stated in Section 119, ate and that my signature shall have the his report as required by Chapter 607, Fig.	07(3)(k). Florid	a Statute	as. I further

4-15-96 - 904-423-6844 Date Dayline Plane 1