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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P95000091089 (9)

LEN CODELLA, INC.

Principal Place of Business	Maiting Address
22201 S CARNEGIE DRIVE	2201 S CARNEGIE DRIVE
INVERNESS FL 34450	INVERNESS FL 34450
US	US

FILED Mar 16 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/19/1995 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 2201 S. CARNEGIE DRIVE 65-0624733 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name CODELLA, LEONARD V 2201 S CARNEGIE DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) **INVERNESS FL 34450** 83 City 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 registored 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, typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE Change Addition 1171716 CODELLA, LEONARD V NAME 1.2 NAME STREET ADDRESS 2201 S CARNEGIE DRIVE 1.3 STREET ADDRESS INVERNESS FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE Change Addition 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP TITLE DELETE Change Addition 31 TITLE NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIP TITLE DELETE 4 1 TOTLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5 2 NAME STREET ADDRESS **5 3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE Change Addition 6.1 TITLE MALIF 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP

14. Thereby 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

SIGNATURE: