

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.)

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # P95000096984 (6)

1. Corporation Name

BODELL INDUSTRIES CORPORATION



Principal Place of Business

Mailing Address

**100 N.E. FIFTH AVENUE
DELRAY BEACH FL 33483**

**100 N.E. FIFTH AVENUE
DELRAY BEACH FL 33483**

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 25

29 30

9. Name and Address of Current Registered Agent

**SCHMIDT, DAVID W
100 N.E. FIFTH AVENUE
DELRAY BEACH FL 33483**

81 Name

82 Street Address (P.O. Box Number is Not Accepted)

83

84 City

FL 85 Zip Code

3. Date Incorporated or Qualified
12/26/1995

3a. Date of Last Report

4. FET Number
650635747

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 its capital under S. 190.001,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

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 responsibility as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature of Officer or Director

Signature of Agent

ETC

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	FRANK, DARREN	
STREET ADDRESS	390 S.E. 2ND AVE.	
CITY, ST, ZIP	DELRAY BEACH FL 33483	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Add
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
15 TITLE	☐ Change ☐ Add
16 NAME	
17 STREET ADDRESS	
18 CITY, ST, ZIP	
19 TITLE	☐ Change ☐ Add
20 NAME	
21 STREET ADDRESS	
22 CITY, ST, ZIP	
23 TITLE	☐ Change ☐ Add
24 NAME	
25 STREET ADDRESS	
26 CITY, ST, ZIP	
27 TITLE	☐ Change ☐ Add
28 NAME	
29 STREET ADDRESS	
30 CITY, ST, ZIP	

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 119.02(3)(c), 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. The information of the director of the corporation or the receiver or trustee, empowered to file this report or responsibility, Chapter 617, Florida Statutes, and that my name appears on Block 12 or Block 13, if changed, or on an attached written statement.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DARREN FRANK

7/24/96

CR2E034 (3/96)