4-13- 98 3 -4578 -C FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 13 1998 8:00am Secretary of State

DOCUME 1. Corporation Na	ENT # P9600	0026801 (6)			
	OD INVESTORS, INC.	, ,			
					<u> </u>
Principal Place of	Business	Mailing Address			B SOLDY HELLY DEFON THE FIRST
4260 SE 20TH PL	. #703	4260 SE 20TH PL., #703			
CAPE CORAL FL		CAPE CORAL FL 33904		OO NOT WRITE IN THIS	DDAOE
				DO NOT WRITE IN THIS S	SPACE.
				03/21/1996	
2. Principal Place	of Business	2a. Mailing Address		4, FEI Number	Applied For
21		26		65-0657287	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State			Fee Required
23 State		28 Cily & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Ζ(ρ 29	Country 30	This corporation owes or has paid the cur Personal Property Tax due June 30.	rent year Intangible
	Name and Address of Curre		301	10. Name and Address of New Registered	
HAMMER, RICHARD 81 Name					
4260 SE 20TH PL., #703			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
CAPE CORAL FL 33904			<u> </u>		
			83		
			84 City	FL	85 Zip Code
office or regis	tered agent, or both, in the Stat	e of Florida. Such change was a	uthorized by the corpora	poration submits this statement for the purpose of tion's board of directors. I hereby accept the app	changing its registered ointment as registered
•	miliar with, and accept the oblig	gations of, Section 607.0505, Flo	rida Statutes.		
SIGNATURE	sture, typed or printed name of registalises as	gent and lifte if applicable (NOTE	Registered Agent signature requi	red when reinslating) DATE	
12.	OFFICERS AN	NO DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND	
LULTE D	f	☐ DELETE	1.1 TITLE		Change Addition
	KAMMER, RICHARD		1.2 NAME		
	260 SE 20TH PL., #703		1.3 STREET ADDRESS		
CITY-ST-ZIP C	CAPE CORAL FL 33904	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition
NAME		_ peren	2.2 NAME		C overlee C vicenter
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	3.4. CITY-ST-ZIP		Change Addition
TITLE NAME			4.1 TITLE 4.2 NAME		Charge 1 Addition
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		j
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	Section 119.07(3)(i), Florida Statutes. I further ce	

Interest certify that the information supplied with this filling 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 ooth; that I am an officer or director of the corporation or the receivor 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:

941-945-7266