

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 27, 1999 8:00 am**  
**Secretary of State**

07-27-1999 90031 044 \*\*\*150.00

**PROFIT**  
**CORPORATION**  
**ANNUAL REPORT**  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P96000033465**

Corporation Name

**HODO CORPORATION**

\* 5 8 9 6 9 0 7 - 9 0 0 3 1 - 4 4 7 \*



Principal Place of Business

**1505 S.E. 40TH STREET**  
**SUITE C**  
**CAPE CORAL FL 33904**  
**US**

Mailing Address

**1505 S.E. 40TH STREET**  
**SUITE C**  
**CAPE CORAL FL 33904**  
**US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/16/1996**

4. FEI Number

**65-0667755**

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 owes the current year  
Intangible Personal Property. ☐ Yes ☐ No

Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

9. Name and Address of Current Registered Agent

**LA ROCCO, ROBERT J**  
**1505 S.E. 40TH STREET**  
**SUITE C**  
**CAPE CORAL FL 33904**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

1. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
DPY	HENNING, HORST	KUENZELER 11, 36043 FULLDA	GERMANY	<input type="checkbox"/>
DVS	HENNING, DORIS	KUENZELER 11, 36043 FULLDA	GERMANY	<input type="checkbox"/>
D	LA ROCCO, ROBERT	1505 S.E. 40TH STREET, SUITE C	CAPE CORAL FL 33904	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-STATE-ZIP	Change	Addit
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-STATE-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-STATE-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-STATE-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-STATE-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-STATE-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

4. I 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

196000033465  
596907-90031-44

**HODO Corp.**  
**Horst Henning**

Künzeller Straße 11, 36043 Fulda, Germany  
Tel. 011-49-6 61- 9 28 14 - 40 Fax 011-49-661-9 28 14 - 15

HODO CORP Horst Henning, Künzeller Str. 11, 36043 Fulda Germany

DIVISION OF CORPORATIONS  
ANNUAL REPORTS FILINGS

PO BOX 1500

TALLAHASSEE FL 32302-1500

Date 07.13.1999

Re.: Annual Report for HODO Corp.

Ladies and Gentlemen:

Please be advised that we send the annual report in timely manner together with the checks over the amount of \$ 150.- for each Corporation. But it was send from Germany.

A copy of the check I will include in this letter. I also include new checks over the same amounts. Please be so kind and wave the penalty in this case.

If there are any problems in regards to that, please get contact with us in Germany.

Tank you for your understanding.

Best regards

  
Mr. & Mrs. Henning  
