FILED
Jun 02 1998 8:00am
Secretary of State

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

DOCUMENT # P96000038352

1. Corporation Name
A A Bode Building Consultants And Inspection Corporation

Principal Place of Business / Mailing Address
attorney Kevin Lamontagne
125 East Boynton Beach Blvd
Boynton Beach Fla 33435
Same

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 495 N.E 4th St
22 Ste 205
23 Delray Beach Fla
24 33447
25 Country USA

2a. Mailing Address
26 Same
27 Suite, Apt #, etc.
28 City & State
29 Zip
30 Country

3. Date Incorporated or Qualified 04-29-1996

4. FEI Number 65-0675094 — 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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

8. Name and Address of Current Registered Agent
Attorney Kevin La Montagne
125 East Boynton Beach Blvd
Boynton Beach Fla 33435

10. Name and Address of New Registered Agent
81 Name Attorney Kevin La Montagne
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 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 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY - ST - ZIP	☐ Change ☒ Addition P/D Kathleen Mc Namara 3908 So ocean Blvd M566 Highland Beach Fla 33487
TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY - ST - ZIP	☐ Change ☐ Addition V/P/D Kelly McNamara 18 Holiday Rd Holbrook Ma 02343
TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY - ST - ZIP	☐ Change ☐ Addition 800002150525 -06/08/98--01013--012 ***150.00

CR2E078 (10/97)

14. 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: Kathleen Mc Namara — May 11 1998 — 561-732-0100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Please
See enclosed letter