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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000038773 (3)

OTTODOX, INC.

FILED Apr 25 1997 8:00am Secretary of State



Principal Place of Business 4672 SOUTH US HIGHWAY 1 FORT PIERCE FL 34982			Mailing Address 4672 SOUTH US HIGHWAY 1 FORT PIERCE FL 34982-7004		T TERRORE THE TOTAL BOTTL BOTTL BOTTL BETTE BOTTL BOTTL BOTTL BOTTL BOTTL BOTTL			
					3. Date Incorporated or Qualified 05/01/1996	38. Date of	Last Rep	oort
2. Principal 21	Place of Business	28. Mailing Address 26			4. FEI Number 4. 65-065-43 1	3		lied For Applicable
Suite, Ap	ot.#, etc.	Suite, Apt. #. etc.			5. Certificate of Status Desired	\$E	8.75 Ad	ditional
City & St	alo	City & State		, 1	Election Campaign Financing Trust Fund Contribution		5.00 M Added to	
Zip	Country	Zip	Country	,	B. This corporation has liability for i			
24	25		30			Yes No		
	9. Name and Address of Cur	rent Registered Agent		r	10. Name and Address of New Re	gistered Agen	<u> </u>	
	SENBACH, KEVIN		81	Name				
	72 SOUTH US HIGHWAY 1		62	Street Add	fress (P.O. Box Number is Not Acceptab	le)		······
FU	ORT PIERCE FL 34982		83					
			<u> </u>	<u> </u>		·····		
			84	City		FL 85	Zip Co	ode
SIGNATURE	Signature 1552 d or printed name of registered OFFICERS	AND DIRECTORS	13.	ent signature requ	ured when reinstating) ADDITIONS/CHANGES TO OFFIC			
NAME STREET ADDRESS	D OSENBACH, KEVIN S 4672 SOUTH US HIGHWAY	☐ DELETE	1.1 TITLE; 1.2 NAME 1.3 STREE	T ADDRESS			Change	Addition
CHY-SI-ZIP	FORT PIERCE FL 34982		1.4 CITY-3					
THLF		☐ DELETE	2.1 TITLE				Change	Additio
NAME			22 NAME					
STREET ADORESS	s		2.3 STREE	ADDRESS		•		
CITY - ST- ZIF			2. 4 CITY -	ST-ZIP				
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CHY-ST-ZIP THUE		☐ DELETE	4,1 TITLE	31-ZIF			Change	Addition
NAME			4, 2 NAME	1		**************************************		
STREET ADDRESS	s			ADDRESS				
CITY-ST-ZIP			4.4 CITY-1					
TITLE		DELETE	5.1 TITLE				Change	Additio
NAMÉ			5.2 NAME					
STREET ADDRESS	s l		5.3 STREE	ADDRESS				
CITY - ST - ZIP			5.4 CITY -:	\$1-719				
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NAME			6.2 NAME					
STREET ADDRESS	s		6.3 STREE	' ADDRESS				
PITV_S1.29	Į.		S 4 C(TV	27 700				

14. I do 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 empewered 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 attaching with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4-17-97

50/46/6212