## 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 # P96000067015 (3)

**FILED** Feb 13 1998 8:00am Secretary of State

	ODMAN GROUP, INC.	Mailing Address	,		
4450 DEER CREEK BOULEVARD P.O. BOX 3319					
		SARASOTA FL 34230		50 NOT WRITE IN THE	0.004.05
		US		DO NOT WRITE IN THI  3. Date Incorporated or Qualified	S SPACE
2. Principal F	Place of Business	2a. Mailing Address		08/12/1996 4. FEI Number	Applied For
21		26		65-0692010	Not Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.	···· · · · · · · · · · · · · · · · · ·		\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State City & State			6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees
Zip	Couritry	Zip	Country	8. This corporation owes or has paid the o	
24	25 9. Name and Address of Curre	29	30	Personal Property Tax due June 30.	W Yes □ No
		nii negistered Agent	81 Name	10. Name and Address of New Registere	a Agent
GODMAN, JOHN P			I Name		
	50 DEER CREEK BLVD.		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
5A	rasota fl 34238		83		
			••		
			84 City	F	85 Zip Code
office or agent. I a	registered agent or both in the Sta art familier with and accept the doli Standard upped a pented harm of the stead of	Joanna	authorized by the corporal forida Statutes.  OTE: Fingistered Agent signature required.	poration submits this statement for the purpose tion's board of directors. I hereby accept the appropriate the purpose statement for the purpose tion's board of directors. I hereby accept the appropriate the purpose tion's board of the purpose tion's boa	oppointment as registered
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AF	ND DIRECTORS IN 12
TITLE	PSTD	DELETE	1.1 TITLE		Change Addition
NAME	GODMAN, JOHN P		1.2 NAME		
STREET ADDRESS	4450 DEER CREEK BOULE	/ARD	1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34238		1.4 CITY - ST - ZIP		
TITLE	VD	DELETE	2.1 TITLE		Change Addition
NAME	GODMAN, EDITH R		2.2 NAME		
STREET ADDRESS	4450 DEER CREEK BOULEV	ARU	2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	SARASOTA FL 34238	DELETE	2 4 CITY - ST - ZIP	· · · · · · · · · · · · · · · · · · ·	
NAME		ال الاقتالا	3.1 TITLE		Change Addition
STREET ADDRESS			3.2 NAME		
			3 3 STREET ADDRESS		
City-St-ZIP Title		DELFTE	3 4. CITY-ST-ZIP		☐ Change ☐ Addition
NAME		v.m.	4. 2 NAME		
STREET ADDRESS			4.2 NAME 4.3 STREET ADDRESS		
CITY+ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
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		1
City-St-Zip			6.4 City-St-ZIP		]
J 01 4"			0.4 0111-01-61F		1

I nereby 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or only attrictment withan address

**SIGNATURE:** 

208/98