FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Feb 25, 1999 8:00 am Secretary of State 02-25-1999 90089 039 ***150.00

DOCUMENT #	P96000088267
1. Corporation Name	. 000000000

BODHI INC.

Principal Place of Business

Mailing Address

|--|

Timopai Tidoo of Eduliodo						
A. SCOTT GUSSIN 1273 OLD DIXIE HWY VERO BEACH FL 32960	A. SCOTT GUSSIN 1273 OLD DIXIE HWY VERO BEACH FL 32960		DO NOT WRITE IN THIS SPACE			
			3. Date Incorporated or Qualifed 10/25/1996			
2. Principal Place of Business	2a. Mailing Address	_	4. FEI Number .	Applied For		
A BODHI FUC	26 SAME	·	65-0707059	Not Applicable		
Suite, Apt. #, etc. 2 1273 040 DIXIE HWY	Suite, Apt. #, etc. //		5. Certificate of Statue Desired	\$8.75 Additional		
City & State 13 IERO BEACH, FL.	City & State //		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Ba Added to Fees		
32960 25 USA	Zip /, Co 29 30	untry	This corporation owes the current yes Personal Property Tax.	Yes No		
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent			
WEISS, HOWARD M 503 NORTH RIVER OAKS DRIVE		81 Name 82 Street Addre	ess (P.O. Bex Number is Not Acceptable)			
INDIALANTIC FL 32903		83				
		84 City		FL 85 Zip Code		
 Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State or agent. I am familiar with, and accept the obligation 	f Florida. Such change was en horize	d by the corporation	oration submits this statement for the purpon's board of directors. I hereby accept the	se of changing its registered appointment as registered		
SIGNATURE	NOTE OF STATE	4 4 4 - i 4	uden reinstation) DA	TE		
Signature, typed or printed name of registered agent		d Agent signature required	what to had drigg	·- <u>-</u>		
12 OFFICERS AND	DIRECTORS I 13.		ADDITIONS/CHANGES TO OFFICER	KŞ AND DIKECTORS IN 12		

agent. I a	m familiar with, and accept the obligations of, Sectio	n 607.0505, Florid	a Statutes:				
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	le (NOTE: Ra	egistered Agent signature r	equired when reinstating)	DATE		
12.	OFFICERS AND DIRECTOR		13.		GES TO OFFICERS AI	ND DIRECTOR	RS IN 12
TITLE	P	☐ DELETE	1.1 TITLE	`		☐ Change	Addition
NAME	GUSSIN, A. SCOTT		1.2 NAME			•	
STREET ADDRESS	1273 OLD DIXIE HWY		1.3 STREET ADDRESS				
CITY-ST-ZIP	VERO BEACH FL 32960	_	1.4 CITY-ST-ZIP				
TITLE		☐ DELETE	2.1 TITLE			☐ Change	Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS				
CITY-ST-ZIP		_	2. 4 CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	· ·	
TITLE		DELETE	31 TITLE			☐ Change	☐ Addition
NAME			3.2 NAME	>		,	
STREET ADDRESS			33 STREET ADDRESS	l (,			
CITY-ST-ZIP		_	3.4. CITY-ST-ZIP				_
TITLE		☐ DELETE	4.1 TITLE	`	\	Change	☐ Addition
NAME			4.2 NAME				
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				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP		_	5.4 CITY-ST-ZIP	<u></u>			
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS			•	
OUTS/ OT THE			6.4 CITY-ST-ZIP				

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 of 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, with all other like empowered.

SIGNATURE: