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**

DOCUMENT # P97000055251

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90005 007 ***150.00

CODA A	SSOCIATES, INC.									
Principal Place	e of Business	Mailin	g Address					nc 89t4 9918)	31161 61119 1160:	BI(BI (EF 1881
1230 JEFFERSON DRIVE 1230 JEFFERSON DRIVE ENGLEWOOD FL 34224 ENGLEWOOD FL 34224							DO NOT WRI	TE IN THIS	SPACE	
							3. Date Incorporated or Qualifed			
		10.11	70° A.1.				06/24/1997 4. FEI Number			oplied For
2. Principal Place of Business 2a. Mailing Address							65-0763071		<u> </u>	ot Applicable
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.							05 0705071			Additional
22 27							5. Certifcate of Status Desired		Fee Re	equired
City & State	e	\vdash	City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip	Country		Zip Country				8. This corporation owes the current year Intangible			
24				30			Personal Property Tax.		Yes	□No
	9. Name and Address of Curre	ent Register	ed Agent		81	Name	10. Name and Address of New R	egisterea	Agent	
BOW	VDITCH, GWEN L									
1230 JEFFERSON DRIVE ENGLEWOOD FL 34224					82	Street Add	Street Address (P.O. Box Number is Not Acceptable)			
					83					
					84	City		FL	85 Zip	Code
office or nagent. I as	egistered agent, or both, in the Stat m familiar with, and accept the oblig	e of Florida. pations of, Se	Such change was a ection 607.0505, Flo	uthorized orida Stat	by tutes.	the corporati	oration submits this statement for the on's board of directors. I hereby accep	t the appoi	ntment as re	gistered
	Signature, typed or printed name of registered as		<u> </u>		Agent	t signature require	ed when reinstating)	DATE	D DIDECT	ODC IN 42
12.	OFFICERS A	ND DIRECT	ORS DELETE	13.	71.5		ADDITIONS/CHANGES TO OF	FICERS AN	☐ Change	Addition
TITLE	D Bowditch, F. Lewis		Deceie	1.1 TJ 1.2 N/					[0,,90	
NAME	1230 JEFFERSON DRIVE					ADDRESS				
STREET ADDRESS	ENGLEWOOD FL 34224				ITY-\$1	i				
CITY-ST-ZIP TITLE	D		☐ DELETE	2.1 TI		1-217	· · · · · · · · · · · · · · · · · · ·		☐ Change	☐ Addition
NAME	BOWDITCH, GWEN L			2.2 N						
STREET ADDRESS	1230 JEFFERSON DRIVE			1		ADDRESS				
CITY-ST-ZIP	ENGLEWOOD FL 34224	•			ITY-S					
TITLE			☐ DELETE	3.1 Ti	TLE	1			Change	☐ Addition
NAME				3.2 N	AME					
STREET ADDRESS				3.3 S	TREET	ADDRESS				
CITY-ST-ZIP				3.4. C	ITY-S	T-ZIP				
TITLE			☐ DELETE	4.1 TI	TLE				Change	Addition A
NAME				4. 2 N	IAME					
STREET ADDRESS				4.3 S	TREET	ADDRESS				
CITY-ST-ZIP			[] 65: 575	_	ITY-\$1	T-ZIP			☐ Change	☐ Addition
TITLE			☐ DELETE	5.1 TI 5.2 N					☐ Glialige	- Young
NAME						ADDRESS			•	
STREET ADDRESS						ł				
CITY-ST-ZIP			☐ DELETE	6.1 TI	ITY-\$1 TLE	1-71		.,	Change	Addition
TITLE			المالية المالية	6.2 N						
NAME						T ADDRESS				
STREET ADDRESS				0.53						

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 of 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 chapter, or on an attachment with an address, with all other like empowered.

SIGNATURE