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 #

P97000093534 (0)

Principal Place of Business	Mailing Address			
997 CARNATION DRIVE SABASTIAN FL 32958	997 CARNATION DRIVE SABASTIAN FL 32958			

FILED Mar 26 1998 8:00am Secretary of State

HOLU-BODA, INC.								
Principal Place of Business Mailing Address			E (OD) ODE 110 18164 18914 001(1 #8116 0016 01	ININ PURUK NIKU MILUU ILKIK WINY KUUI				
997 CARNATION DRIVE SABASTIAN FL 32958	997 CARNATION DRIVI SABASTIAN FL 32958	897 CARNATION DRIVE SABASTIAN FL 32958		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
2. Principal Place of Business 2a. Ma ing Address 25 Suite, Apt. #, etc. Suite, Apt. # etc.				10/31/1997 4. FEI Number 65-0792971	Applied For Not Applicable \$8.75 Additional			
2 27 City & State City & State				Certificate of Status Desired Election Campaign Financing Trust Fund Contribution	Fee Required on Campaign Financing \$5.00 May Be			
Zip Country 24 25	Zip 29	Country 30	<i>'</i>	This corporation owes or has paid the Personal Property Tax due June 30.	Yes No			
AMERILAWYER	s of Current Registered Agent	81	Name	10. Name and Address of New Registe	ered Ageni			
343 ALMERIA AVENUE CORAL GABLES FL 33134		82	Street Add	sss (P.O. Box Number is Not Acceptable)				
	SABASTIAN FL 32958 SABASTIAN FL 32958 SABASTIAN FL 32958 2a. Ma ing Address 26 Lite, Apt. #, etc. Suite, Apt. #, etc. 27 Lity & State City & State 28 P Country Zip 29 9. Name and Address of Current Registered Agent AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statute office or registered agent, or both, in the State of Florida Such change was a agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statute LATURE	83						
		84	l		FL 85 Zip Code			
office or registered agent, or both.	in the State of Florida, Such change was	is authorized b	v the corpora	poration submits this statement for the purportion's board of directors. I hereby accept the	ose of changing its registered e appointment as registered			
SIGNATURE	of recodurate event and tilled area catalo (NE	OIF Registered Art	ant signature requi	irad when reinstalingt D	ATÉ			
				ADDITIONS/CHANGES TO OFFICERS				

SIGNATURE	Signature, typod or printed name of registering agent and title if applicable	(NOTE Re	gistered Agent signature	required when reinstaling)		DATE	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS	/CHANGES TO OFFIC		
TITLE	PTD	DELETE	1.1 TITLE			☐ Change	Addition
NAME	SEYMOUR, WILMA J		1.2 NAME				l
STREET ADDRESS	997 CARNATION DRIVE		1.3 STREET ADDRESS			•	
CITY-ST-ZIP	SABASTIAN FL 32958		1.4 CITY-ST-ZIP				Ì
TITLE	S \square	DELETE	2.1 TITLE			Change	Addition
NAME	ŁOCKWOOD, BRENDA S		2.2 NAME				
STREET ADDRESS	997 CARNATION DRIVE		2.3 STREET ADDRESS				i
CITY-ST-ZIP	Sabastian FL 32958		2. 4 CITY-ST-ZIP		,		
TITLE		DELETE	3.1 TITLE			Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADORESS				
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				1
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				
OITY OT TID			CACITY OT 71D				

14. Thereby 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.

- Wilma T. Scymour

3-19-98 561-589-2085