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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000093133

1. Corporation Name

ODYSSEY ACQUISITION CORP.

Mailing Address

May 12, 1999 8:00 am Secretary of State

05-12-1999 90001 032 ***150.00



Principal Place of Business 23123 STATE ROAD 7 SUITE 350B 23123 STATE ROAD 7 SUITE 350B **BOCA RATON FL 33428 BOCA RATON FL 33428** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 11/03/1998 Applied For 2a. Mailing Address 2. Principal Place of Business FEI Number Not Applicable 2025 26 Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Required 27 City & State 6. Election Campaign Financing \$5.00 May Be City & State Trust Fund Contribution Added to Fees 28 Country 8. This corporation owes the current year Intangible ☐ Yes Personal Property Tax. 29 30 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent 81 KLEIN, JEFFREY G Street Address (P.O. Box Number is Not Acceptable) 82 23123 STATE ROAD 7 SUITE 350B **BOCA RATON FL 33428** 85 Zip Code 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. (Change ☐ Addition DELETE 1.1 TITLE ---P18/1/D TITLE GLADStore KLEIN, JEFFREY G 1.2 NAME WILLEAM NAME 23123 STATE ROAD 7 SUITE 350B 1.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33428** 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE TITLE 2.1 TITLE NAME 2.2 NAME ROSUM 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP □ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY- ST-ZIP CITY-ST-ZIP [] Change ☐ Addition ☐ DELETE 4.1 TITLE 4 2 NAME NAME 4 3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE ☐ Change ☐ Addition ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADORESS STREET ADDRESS 64 CITY-ST-ZIP 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 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. Alth all other like empowered.

SIGNATURE:

SIGNATURE AND TYPES OR PRINTED

0/0

CR2E034 (11/98)