FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V60055 (3)

1. Corporation Name
J. ODDO, INC.

Principal Place of Business
124 ARBOR LN
EDGEWATER FL 32141
US

Mailing Address
124 ARBOR LN
EDGEWATER FL 32141
US

3. Date Incorporated or Qualified: 08/24/1992
3a. Date of Last Report: 03/01/1995
4. FEI Number: 59-3143611 [ ] Applied For [ ] Not Applicable
5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees
8. The corporation has liability for intangible tax under s. 199.032, Florida Statutes [X] Yes [ ] No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

~~CLARK, JOSEPH P., SR.~~
~~533 N. NOVA RD.~~
~~SUITE 115~~
~~ORMOND BEACH FL 32174~~

10. Name and Address of New Registered Agent
81 Name: JOSEPH ODDO
82 Street Address (P.O. Box Number is Not Acceptable): 124 ARBOR LANE
83
84 City: EDGEWATER FL 85 Zip Code: 32141

11. Pursuant to the provisions of Sections 607.0502 or 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 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 Joseph Oddo, Joseph Oddo 4/16
DATE

12. OFFICERS AND DIRECTORS

TITLE	DPVP	[ ] DELETE
NAME	ODDO, JOSEPH	
STREET ADDRESS	124 ARBOR LN	
CITY-ST-ZIP	EDGEWATER FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE / 1 NAME / 1 STREET ADDRESS / 1 CITY-ST-ZIP		[ ] Change [ ] Addition
2 TITLE	SECRETARY \ TREASURER	[ ] Change [X] Addition
2 NAME	GWINDOLYN ODDO	
2 STREET ADDRESS	124 ARBOR LANE	
2 CITY-ST-ZIP	EDGEWATER Fl 32141	
3 TITLE / 3 NAME / 3 STREET ADDRESS / 3 CITY-ST-ZIP		[ ] Change [ ] Addition
4 TITLE / 4 NAME / 4 STREET ADDRESS / 4 CITY-ST-ZIP		[ ] Change [ ] Addition
5 TITLE / 5 NAME / 5 STREET ADDRESS / 5 CITY-ST-ZIP		[ ] Change [ ] Addition
6 TITLE / 6 NAME / 6 STREET ADDRESS / 6 CITY-ST-ZIP		[ ] Change [ ] Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this report or supplemental 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.

SIGNATURE: Joseph Oddo 4/16/96 (904) 428-1893
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)