

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996 1997

FILED
May 06 1997 8:00am
Secretary of State

DOCUMENT # P 14403 (0)
1. Corporation Name

Office Depot, Inc.

Principal Place of Business: 2200 Old Germantown Rd, Delray Beach, FL 33445, US
Mailing Address: PO Box 5029, Boca Raton, FL 33431, US

21. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	05/11/1987	4/2/96
23. City & State	27. City & State	4. FEI Number	Applied For / Not Applicable
24. Zip	28. Zip	59-2663954	
25. Country	29. Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	30. Country	<input type="checkbox"/>	
		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
		<input type="checkbox"/>	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT Corporation System 1200 S. Pine Island Road Plantation, FL 33324				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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) DATE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	V Schmidt, John	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Solomon, Peter			1.2 NAME	2200 Old Germantown Rd		
STREET ADDRESS	2200 Old Germantown Rd			1.3 STREET ADDRESS	Delray Beach, FL 33445		
CITY-ST-ZIP	Delray Beach, FL 33445			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Synthia R. Cohen			2.2 NAME			
STREET ADDRESS	2200 Old Germantown Rd.			2.3 STREET ADDRESS			
CITY-ST-ZIP	Delray Beach, FL 33445			2.4 CITY-ST-ZIP			
TITLE	DcP	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Fuente, David			3.2 NAME			
STREET ADDRESS	2200 Old Germantown Rd			3.3 STREET ADDRESS			
CITY-ST-ZIP	Delray Beach, FL 33445			3.4 CITY-ST-ZIP			
TITLE	VS	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Goldstein, Barry			4.2 NAME			
STREET ADDRESS	2200 Old Germantown Rd			4.3 STREET ADDRESS			
CITY-ST-ZIP	Delray Beach, FL 33445			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Herve Defforey			5.2 NAME			
STREET ADDRESS	2200 Old Germantown Rd			5.3 STREET ADDRESS			
CITY-ST-ZIP	Delray Beach, FL 33445			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	W. Scott Hedrick			6.2 NAME			
STREET ADDRESS	2200 Old Germantown Rd			6.3 STREET ADDRESS			
CITY-ST-ZIP	Delray Beach, FL 33445			6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: John Schmidt John Schmidt 4/29/97 (561) 278-4800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)