

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

3. Date Incorporated or Qualified: 05/11/1987
3a. Date of Last Report: 4/2/96
4. FEI Number: 59-2663954
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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22
City & State: 23
Zip: 24, Country: 25
City & State: 27
City & State: 28
Zip: 29, Country: 30

9. Name and Address of Current Registered Agent

CT Corporation System
1200 S. Pine Island Road
Plantation, FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	Solomon, Peter	
STREET ADDRESS	2200 Old Germantown Rd	
CITY-ST-ZIP	Delray Beach, FL 33445	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Synthia R. Cohen	
STREET ADDRESS	2200 Old Germantown Rd.	
CITY-ST-ZIP	Delray Beach, FL 33445	
TITLE	DcP	<input type="checkbox"/> DELETE
NAME	Fuente, David	
STREET ADDRESS	2200 Old Germantown Rd	
CITY-ST-ZIP	Delray Beach, FL 33445	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	Goldstein, Barry	
STREET ADDRESS	2200 Old Germantown Rd	
CITY-ST-ZIP	Delray Beach, FL 33445	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Herve Defforey	
STREET ADDRESS	2200 Old Germantown Rd	
CITY-ST-ZIP	Delray Beach, FL 33445	
TITLE	D	<input type="checkbox"/> DELETE
NAME	W. Scott Hedrick	
STREET ADDRESS	2200 Old Germantown Rd	
CITY-ST-ZIP	Delray Beach, FL 33445	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V Schmidt, John	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	2200 Old Germantown Rd	
1.3 STREET ADDRESS	Delray Beach, FL 33445	
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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 4/29/97 (351) 278-4800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (12/95)