

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000088515 (8)
 1. Corporation Name
DEPSON, INC.



Principal Place of Business 1302 SOUTH SCENIC DRIVE EUSTIS FL 32726	Mailing Address 1302 SOUTH SCENIC DRIVE EUSTIS FL 32726
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 16319 C.R. 450		2a. Mailing Address 26 16319 C.R. 450		3. Date Incorporated or Qualified 11/17/1995	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number 59-3347899	
23 City & State UMATILLA, FL		28 City & State UMATILLA, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip 32784		25 Country USA		29 Zip 32784	
30 Country USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent DEPAZ, MARIE 1302 SOUTH SCENIC DRIVE EUSTIS FL 32726				10. Name and Address of New Registered Agent			
				81 Name DEPAZ, MARIE			
				82 Street Address (P.O. Box Number is Not Acceptable) 16319 C.R. 450			
				83			
				84 City UMATILLA FL			
				85 Zip Code 32784			

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 provisions of Section 607.0505, Florida Statutes.

SIGNATURE *Marie T.E. Depaz* **MARIE T.E. DEPAZ, V.P.** **4/2/98**
Signature, typed or printed name of registered agent and the date of filing (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VP	<input type="checkbox"/> DELETE	1.1 TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DEPAZ, MARIE		1.2 NAME DEPAZ, MARIE	
STREET ADDRESS 1302 SOUTH SCENIC DRIVE		1.3 STREET ADDRESS 16319 C.R. 450	
CITY-ST-ZIP EUSTIS FL		1.4 CITY-ST-ZIP UMATILLA, FL 32784	
TITLE P	<input type="checkbox"/> DELETE	2.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PRESSON, MARIE		2.2 NAME PRESSON, MARIE	
STREET ADDRESS 1603 FAHNSTOCK ST		2.3 STREET ADDRESS 16319 C.R. 450	
CITY-ST-ZIP EUSTIS FL		2.4 CITY-ST-ZIP UMATILLA, FL 32784	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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

SIGNATURE: *Marie T.E. Depaz* **MARIE T.E. DEPAZ, VP** **4/2/98**

CR2E034 (10/97)