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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

F53770

(6)

MIAMI DEPOT, INC.

CITY-ST-ZIP

FILED May 08 1998 8:00am Secretary of State

Principal Place of Business		М	Mailing Address			T TO DISTANT STORY THIS TOTAL CARLL BOLL BIRST DIRECT	81811 91911 81811 91811 1981
2915 W OKEECHOBEE ROAD HIALEAH FL 33012			2915 W OKEECHOBEE ROAD HIALEAH FL 33012			DO NOT WRITE IN THIS S 3. Date Incorporated or Qualified	PACE
						11/16/1981	
2. Principal Place of Business			. Mailing Address			4. FEI Number	Applied For
1		26				59-2137043	Not Applicable
Sulte, Apt. #, etc.		27	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		28	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 4	Country 25	29	Zip Country			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
g. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
HALSEY, ROBERT B.				61	Name		
9725 COSTA DEL SOL BLVD Miami fl 33178					Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	' '	FL	85 Zip Code
office or register	provisions of Sections 607.0 red agent, or both, in the St iliar with, and accept the ob-	ate of Florid	da. Such change was :	authorized b	v the cord	corporation submits this statement for the purpose of poration's board of directors. I hereby accept the apporation's	changing its registered intment as registered
SIGNATURE							

12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE PTD DELETE 1.1 TITLE Change Addition NAME HALSEY, ROBERT B 1.2 NAME STREET ADDRESS 9725 COSTA DEL SOL BLVD 1.3 STREET ADDRESS **MIAMI FL** CITY-ST-ZIP 14 CITY-ST-ZIP VSD DELETE TITLE 2.1 TITLE Change ☐ Addition NAME HALSEY, MARGARET 2 2 NAME 9725 COSTA DEL SOL BLVD STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 2. 4 CHTY - ST - ZIP DELETE 3.1 TITLE Change Addition NAME **ANTIEAU, JOHN** 3.2 NAME **19450 N.W 8 STREET** STREET ADDRESS 3.3 STREET ADDRESS **PEMBROKE PINES FL** CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 City-St-ZiP DELETE TITLE 5.1 TITLE ☐ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE Change Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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.

6.4 CITY-ST-ZIP