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PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K97917

Country

9. Name and Address of Current Registered Agent

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PALM HARBOR FL 34683

DEPUE, LEROY 1823 BARN OWL WAY (4)

DEPUE ENTERPRISES INC.

_		_	
rincipal	Place	of	Business

Mailing Address

1823 BARN OWL WAY PALM HARBOR FL 34683

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

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1823 BARN OWL WAY PALM HARBOR FL 34683

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

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FILED Apr 23 1998 8:00am Secretary of State



10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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.

Country

30

SIGNATURE Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE Change Addition TITLE NAME DEPUE, LEROY 1,2 NAME 1823 BARN OWL WAY STREET ADDRESS 1.3 STREET ADDRESS PALM HARBOR FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition 2 1 TITES TITLE NAME **DEPUE, KAREN** 2.2 NAME 1823 BARN OWL WAY STREET ADDRESS 2.3 STREET ADDRESS Palm Harbor Fl 2. 4 CITY - ST - ZIP CITY-ST-7IP DELETE 3.1 TITLE Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 THILE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY - ST- ZIP City-St-ZiP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **5.9 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition Change TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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.

n an attachment with an address.

CR2E034 (10/97)