FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY -1 PM 2:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000013895 (7)**

1. Corporate Name
THE STUDENT DEPOT, INC.

Principal Place of Business
130 SW 39 STREET
CAPE CORAL FL 33914

Mailing Address
P.O. BOX 151138
CAPE CORAL FL 33915

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified: 12/18/1992
3a. Date of Last Report: 04/28/1994

2. Previous Principal Place of Business — 21
2a. Previous Mailing Address — 26
Suite, Apt. # — 22 / 27
City, State — 23 / 28
Zip — 24 / 25 / 29 / 30

4. FEI Number: 65-0389728 — Applied For / Not Applicable

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

9. Name and Address of Current Registered Agent
EMLER, CLAUDE R
130 SW 39 STREET
CAPE CORAL FL 33914

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 Section 607.0505 Florida Statutes, the undersigned corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and hereby accept the duties of registered agent under Florida statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	EMLER, CLAUDE R
STREET ADDRESS	130 SW 39 STREET
CITY, ST, ZIP	CAPE CORAL FL 33914
TITLE	D
NAME	EMLER, PATRICIA L
STREET ADDRESS	130 SW 39 STREET
CITY, ST, ZIP	CAPE CORAL FL 33914

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 — [ ] Change [ ] Addition

14. I hereby certify that the information supplied with this filing is accurate and complete, and that I am aware that false information submitted to a state agency may lead to administrative, civil or criminal penalties in addition to those specified in Section 817.155 Florida Statutes.

SIGNATURE: Claude R. Emler, Pres. 20 APR 95 (813) 945-3444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0480742 FP