

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90018 024 ***150.00

DOCUMENT # P93000049481

1. Corporation Name

DEPOND, INC.

Principal Place of Business

12198 US HIGHWAY #1
#29-30
NORTH PALM BEACH FL 33408

Mailing Address

12198 US HIGHWAY #1
#29-30
NORTH PALM BEACH FL 33408

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/09/1993

4. FEI Number

65-0422954

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

Trust Fund Contribution ☐
8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

BETHEA, JAMES
12596 WOODMILL DRIVE
PALM BEACH GARDENS FL 33418

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 P ☐ DELETE
NAME DEPOND, CHRISTIAN
STREET ADDRESS 800 UNO LAGO DRIVE #204
CITY-ST-ZIP JUNO BEACH FL 33408

TITLE T ☐ DELETE
NAME DEPOND, NICOLE
STREET ADDRESS 800 UNO LAGO DRIVE #204
CITY-ST-ZIP JUNO BEACH FL 33408

TITLE S ☐ DELETE
NAME BETHEA, NATALIE
STREET ADDRESS 12596 WOODMILL DRIVE
CITY-ST-ZIP PBG FL 33418

TITLE VD ☐ DELETE
NAME BETHEA, JAMES
STREET ADDRESS 12596 WOODMILL DRIVE
CITY-ST-ZIP PBG FL 33418

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PF ☒ Change ☐ Addition
1.2 NAME DEPOND Christian
1.3 STREET ADDRESS 14772 68th Drive North
1.4 CITY-ST-ZIP PALM BEACH GARDENS 33418

2.1 TITLE T ☒ Change ☐ Addition
2.2 NAME DEPOND Nicole
2.3 STREET ADDRESS 14772 68th Drive North
2.4 CITY-ST-ZIP PALM BEACH GARDENS 33418

3.1 TITLE S ☒ Change ☐ Addition
3.2 NAME BETHEA NATALIE
3.3 STREET ADDRESS 14772 68th Drive North
3.4 CITY-ST-ZIP PALM BEACH GARDENS 33418

4.1 TITLE VD ☒ Change ☐ Addition
4.2 NAME BETHEA JAMES
4.3 STREET ADDRESS 14772 68th Drive North
4.4 CITY-ST-ZIP PALM BEACH GARDENS 33418

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 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, with all other like empowered.

SIGNATURE:

NICOLE DEPOND
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/28/99 (561) 622 3009
Date Daytime Phone # 626 7226

CR2E034 (11/98)