

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

APPROVED AND FILED

95 JUN 31 AM 11:43

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P94000027062 (6)

1. Corporation Name
DADELAND DEPOT, INC.



700001708407
-02/06/96--01120--002

****200.00 ****200.00

Principal Place of Business		Mailing Address		3. Date Incorporated or Qualified	3b. Date of Last Report
2665 S. BAYSHORE DRIVE SUITE 1200 MIAMI FL 33133		2665 S. BAYSHORE DRIVE SUITE 1200 MIAMI FL 33133		04/08/1994	05/01/1995
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For		
21	26	65-0480943	Not Applicable		
Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
22		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	24	25	29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BERKOWITZ, JEFFREY L 2665 S. BAYSHORE DRIVE SUITE 1200 MIAMI FL 33133	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	85 Zip Code
	FL

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 _____ DATE _____
(Signatures for printed name of registered agent and the filer) (Not Registered Agent signature to period when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	Vice President/Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERKOWITZ, JEFFREY L	1.2 NAME	Patricia A. Chimelis
STREET ADDRESS	2665 S. BAYSHORE DRIVE, SUITE 1200	1.3 STREET ADDRESS	2665 S. Bayshore Drive, Suite 1200
CITY - ST - ZIP	MIAMI FL 33133	1.4 CITY - ST - ZIP	Miami FL 33133
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 of this report or in an attachment with an address.

SIGNATURE: _____ DATE: 1-31-96
SIGNATURE TYPE (OR PRINTED) NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)

1-29-96 (905) 854-2800