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APPROVED AND FILED

55 MAY -1 AM 10:15
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

CORPORATION
 ANNUAL REPORT
 1995



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

DOCUMENT # P94000061408 (8)

1. Corporation Name
CUSTOM FRAME DEPOT, INC.

Principal Place of Business: **11885 - 44TH STREET NORTH CLEARWATER FL 34622**
 Mailing Address: **11885 - 44TH STREET NORTH CLEARWATER FL 34622**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/16/1994**
 3a. Date of Last Report

2. Principal Place of Business (21-24) and Mailing Address (2a-24) details including Suite, Apt. #, etc., City & State, Zip, and Country.

4. FEI Number: **59-3264531**
 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. 189.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**SUPAK, JON A
 11885 - 44TH STREET NORTH
 CLEARWATER FL 34622**

10. Name and Address of New Registered Agent (81-84) including Name, Street Address, City, and 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: _____ (Signature, typed or printed name of registered agent, and date)

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	BOROM, CHARLES
STREET ADDRESS	6108 SISTER ELSIE DR.
CITY - ST - ZIP	TUJUNGA CA 91042
TITLE	DT
NAME	REGAN, DAVID
STREET ADDRESS	322 HILLTOP AVE.
CITY - ST - ZIP	CLEARWATER FL 34615
TITLE	DST
NAME	SUPAK, JON A
STREET ADDRESS	322 HILLTOP AVE.
CITY - ST - ZIP	CLEARWATER FL 34615
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(3)(b), 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, copy an attachment with an address.

SIGNATURE: *[Signature]* **JON A. SUPAK** 4/14/95 813-573-1417
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR