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CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000071816 (0)**

T. Corporation Name
TAX DEPOT, INC.

Principal Place of Business 2905 WATERFORD DRIVE DEERFIELD BEACH FL 33442	Mailing Address 2905 WATERFORD DRIVE DEERFIELD BEACH FL 33442
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 09/26/1994	3a. Date of Last Report
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 65-054 3361	Applied For <input type="checkbox"/>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 22	City & State 27	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
City & State 23	City & State 28	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Zip 24	Country 25	Zip 29	Country 30

9. Name and Address of Current Registered Agent

**THOR, FRANCES H
2905 WATERFORD DRIVE
DEERFIELD BEACH FL 33442-3**

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.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		1.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	WILLIAM J. THOR
STREET ADDRESS		1.3 STREET ADDRESS	2905 WATERFORD DR.
CITY - ST - ZIP		1.4 CITY - ST - ZIP	DEERFIELD BCH, FL 33442
TITLE		2.1 TITLE	VA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	FRANCES H THOR
STREET ADDRESS		2.3 STREET ADDRESS	2905 WATERFORD DR
CITY - ST - ZIP		2.4 CITY - ST - ZIP	DEERFIELD BCH, FL 33442
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		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		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		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 if changed, on an attachment with an address.

SIGNATURE: *William J. Thor* **WILLIAM J. THOR** 4/26/95 305-428-2020
(Signature and typed or printed name of signing officer or director) (Date) (Phone/Fax #)