

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000085435 (3)

1. Corporation Name

SHOPPER'S DEPOT, INC.



Principal Place of Business

Mailing Address

3911 JOG RD
LAKE WORTH FL 33457
US

1300 N. FEDERAL HWY
SUITE 107
BOCA RATON FL 33432
US

3. Date Incorporated or Qualified
11/23/1994

3a. Date of Last Report
03/24/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0539304

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROAD, BRIAN W.
1300 N FED HWY
STE 107
BOCA RATON FL 33432

81 Name

Barry Berhoff

82 Street Address (P.O. Box Number is Not Acceptable)

3911 Jog Road

83

84 City

Greenacres

FL

85

Zip Code

33457

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]

Vice President

3-1-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BROAD, BRIAN W	
STREET ADDRESS	1300 N. FEDERAL HWY, SUITE 107	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BERHOFF, LLOYD	
STREET ADDRESS	2300 SHERIDAN RD	
CITY-ST-ZIP	HIGHLAND PARK IL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	BERHOFF, SUSAN	
STREET ADDRESS	2300 SHERIDIAN RD	
CITY-ST-ZIP	HIGHLAND PARK IL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	Vice-President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Barry Berhoff	
1.3 STREET ADDRESS	3911 Jog Road	
1.4 CITY-ST-ZIP	Greenacres, FL 33457	
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 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, or on an attachment with an address.

SIGNATURE:

[Signature]

Vice President 3-1-96 407-225-2511

Date

Daytime Phone #

CR2E034 (12/95)