

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. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip 28. Zip Country 29. Zip Country
24. 25. 30.

4. FEI Number **65-0539304** Applied For Not Applicable
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. 199.032, Florida Statutes Yes No

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

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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)