

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90264 030 ***150.00

DOCUMENT # P94000085435

1. Corporation Name
SHOPPER'S DEPOT, INC.

Principal Place of Business

**3911 JOG RD
LAKE WORTH FL 33457
US**

Mailing Address

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/23/1994

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 428 Plaza Real

2a. Mailing Address

26

Suite, Apt. #, etc.

22 #615

Suite, Apt. #, etc.

27

City & State

23 Boca Raton FL

City & State

28

Zip

24 33432

Country

25 US

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**BERHOFF, BARRY
3911 JOG ROAD
GREENACRES FL 33457**

10. Name and Address of New Registered Agent

81 Name

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

428 Plaza Real #615

83

84 City

Boca Raton

FL

85 Zip Code

33432

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]**
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **V** ☐ DELETE

NAME **BERHOFF, BARRY**
STREET ADDRESS **3911 JOG ROAD**
CITY-ST-ZIP **GREENACRES FL**

TITLE **PD** ☐ DELETE

NAME **BERHOFF, LLOYD**
STREET ADDRESS **2300 SHERIDAN RD**
CITY-ST-ZIP **HIGHLAND PARK IL**

TITLE **STD** ☐ DELETE

NAME **BERHOFF, SUSAN**
STREET ADDRESS **2300 SHERIDAN RD**
CITY-ST-ZIP **HIGHLAND PARK IL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **Berhoff, Barry**
1.3 STREET ADDRESS **428 Plaza Real #615**
1.4 CITY-ST-ZIP **Boca Raton, FL 33432**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: **[Signature]**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)