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

PROFIT 再(5) FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT 90 JUH 29 PH 6: 21 Secretary of State DIVISION OF CORPORATIONS 1998 SECTO CONSTATE TALLAMASCO E FLORIDA DOCUMENT # P95000042974 (2) OFFICE DEPOT PLAZA, INC. Principal Place of Business Mailing Address 9709 WEST SAMPLER RD P.O. BOX 770610 CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33071 DO NOT WRITE IN THIS SPACE 3. Dat incorporated or Qualified 05/26/1995 2. Principal Place of Business 2a. Mailing Address Applied For JAmple (10 9708 W. Suite. Apt. #, etc. 21 65-0574463 Not Applicable Suite, Apt. #, #tc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Zip 25 Personal Property Tax due June 30. 24 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name BUTLER, BRUCE S 9709 WEST SAMPLE RD Street Address (P.O. Box Number is Not Acceptable) **CORAL SPRINGS FL 33065** 83 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida S. Jules, the above-nai. Indicate 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 comporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.7. J5, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and life if applicable (NOTE: Registered Agent signature require - when reinstating) (10/97) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE 1.1 THE Change TITLE BUTLER, BRUCE S NAME 1.2 NAME CR2E034 100002578361---07/01/98--01103--027 11848 NW 9TH ST. STREET ADDRESS 1.3 STREET ADDRESS CORAL SPRINGS FL CITY-ST-ZIP 1.4 CHY-ST-ZIP DELETE TITLE 21 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - 7IP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-SI-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE Addition TITLE 5.1 TITLE NAME 52 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST-ZIP DELETE Change Addition TITLE **6.1 TITLE** NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 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.

Remore

Inlanter.