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 23, 1999 8:00 am
Secretary of State
03-23-1999 90036 016 ***150.00

DOCUMENT #

1. Corporation Name
FRAME DEPO UNLTD, INC.

Principal Place of Business	Mailing Address
7216 W. COLONIAL DR.	7216 W. COLONIAL DR.
ORLANDO, FL 32818	ORLANDO, FL 32818

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/21 95

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

4. FEI Number: 59-3340084 ☐ 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

9. Name and Address of Current Registered Agent

JORDAN, EDWARD P II, ESQ.
900 WEST HIGHWAY 50
CLERMONT, FL 34711

10. Name and Address of New Registered Agent

81 Name: PATRICK VEDEPO
82 Street Address (P.O. Box Number is Not Acceptable): 6924 SAWMILL BLVD
83
84 City: OCOEE FL 85 Zip Code: 34761

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: Patrick Vedepo 3/22/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	VEDEPO, JOHN MICHAEL		1.2 NAME		
STREET ADDRESS	2649 STALEY COURT		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32818-3049		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	VEDEPO, THOMAS		2.2 NAME		
STREET ADDRESS	1304 OAKWOOD LN.		2.3 STREET ADDRESS		
CITY-ST-ZIP	OCOEE, FL 34761		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	VEDEPO, PATRICK		3.2 NAME		
STREET ADDRESS	6924 SAWMILL BLVD		3.3 STREET ADDRESS		
CITY-ST-ZIP	OCOEE, FL 34761		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	TREASURER	☐ Change ☒ Addition
NAME			4.2 NAME	VEDEPO, SARA	
STREET ADDRESS			4.3 STREET ADDRESS	6924 SAWMILL BLVD	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	OCOEE, FL 34761	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
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, with all other like empowered.

SIGNATURE: Patrick Vedepo 3/22/99 Pres. Secr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Title