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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 28 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600007945 (4)

BRITISH DEPOT CORPORATION

Principal Place of Business Mailing Address  1322 E COMMERCIAL BLVD 1322 E COMMERCIAL BLVD FT LAUDERDALE FL 33334						
					3. Date Incorporated or Qualified 01/25/1996	3a. Date of Last Report
2. Principal P	lace of Business	2a. Mailing Address 26			4. Fet Number 65-0634797	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	28		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip <b>29</b>	Count 30	ry		Yes No
	9. Name and Address of Curren	I Registered Agent			10. Name and Address of New Regi	stered Agent
GR/	AHAM, MAURICE		В	1 Name		
331 E PROSPECT RD OAKLAND PARK FL 33334			8	2 Street Add	Idress (P.O. Box Number is Not Acceptable)	
			8	3		
* * 			8	7		FL 85 Zip Code
SIGNATURE	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar and agracumate obtains and account the obtain signature, these or binted henc of registered age	706 DEREK	(-5HA)	BOUT	poration submits this statement for the putition's board of directors. I hereby accept  PLESTPENT  ared whon (reinstating)	rpose of changing its registered the appointment as registered  Half
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12
TITLE	DPT	DELETÉ	1.1 TITLE			Change Addition
NAME	SHADBOLT, DEREK A		1,2 NAM	E		
STREET ADDRESS	2734 SE 14TH ST		13.5166	E1 ADDRESS		}
CITY-ST-ZIP	POMPANO BEACH FL 33062		1.4 CITY			
TITLE	DVS	<b>L</b> OELE 1E	2.1 1)TLE			Change Addition
NAME	SHADBOLT, JUNE S		2.2 NAM			
STREET ADDRESS	2734 SE 14TH ST			ET ADDRESS		1
CITY-ST-ZIP	POMPANO BEACH FL 33062		2 4 CITY	ì		
TITLE		DELETE	3.1 THELE			Change Addition
NAME			3.2 NAM	£		:
STREET ADDRESS			4	ET ADDRESS		:
CITY-ST-ZIP			3.4. CITY	1		<i>i</i>
TITLE		DELETE	4.1 TITLE			Change Ado
NAME	l .		4. 2 NAM	Œ Ì		v k
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			4.4 CITY	1		ľ
TITLE		DELETE	5.1 TrTLE			Change Addition
NAME			5.2 NAM	i i		
STREET ADDRESS				ET ADORESS		
CITY-ST-ZIP			5.4 CITY			
TITLE		DELETE	6.1 TITLE			Change Addition
NAME		bood ware the	6.2 NAM			
STREET ADDRESS				E1 ADDRESS		

14. I do 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.