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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000045530 (8)**

PROMO DEPOT, INC.

SIGNATURE:

Principal Place of Business Mailing Address

FILED Feb 06 1997 8:00am Secretary of State



JACKSONVILLE FL 32224	JACKSONVILLE FL 32224			
			3. Date Incorporated or Qualified 3a. 05/22/1996	Date of Last Report
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
1	26		56-1926420	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
(2)	27			Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip Country	28	Country	Trust Fund Contribution	Added to Fees
25	29	30	8. This corporation has liability for intanging Florida Statutes Yes	ble tax under s. 199.032, No
	of Current Registered Agent	1301	10. Name and Address of New Register	
SIMS, DEA		81 Name		
12965 HUNTLEY MANOR D	DRIVE	20 0		
JACKSONVILLE FL 32224		82 Street Add	fress (P.O. Box Number is Not Acceptable)	
		83	777741118817111111111111111111111111111	
		84 City	F	85 Zip Code
SIGNATURE SUPERIOR ported name of	us Dea Sir	orida Statutes. NS P E- Registered Agent signature requ	resident submits this statement for the purpose tition's board of directors. I hereby accept the a resident submits the statement of the purpose tition's board of directors. I hereby accept the a relation to the purpose tition's board of directors. I hereby accept the a relation to the purpose tition's board of directors. I hereby accept the accept t	3114/
	ICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
me President	DELETE	1.1 TITLE		Change Addition
NAME Dea Sims	Hey Manor Dr	1.2 NAME		
STREET ADDRESS 12965 HUN	. 1. '	1.3 STREET ADORESS		
CITY-ST-71P Jackson				
Secretary /	Theasurer DELETE	2.1 TITLE		Change Addition
STREET ADDRESS 17965 HUN	Hey Manor Dr	2.2 NAME		
CITY-SI-ZIP TOCKSON	ille, FL 32224-79	2.3 STREET ADORESS		
THILE	I DELETE	2.4 CITY+ST-ZIP 3.1 TITLE		Change Addition
NAME.		3 2 NAME		E change E Acquion
STREET AODRESS		3.3 STREET ADDRESS		
CITY - ST - 7IP		3.4. CITY-ST-ZIP		
TITLE	☐ DELETE	4.1 TITLE		Change Addition
NAME		4 2 NAME		
STREET ADDIM:SS		4.3 STREET ADDRESS		
CITY - ST - ZIP		4.4 CITY-ST-ZIP		
TITLE	☐ DELETE	51 TITLE		Change Addition
NAME	•	5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
DITY-ST-ZIP	The property	5.4 City-St-ZiP		
TITLE	DELETE	61 TITLE		Change Addition
NAME		6 2 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CHY-SI-ZIP	on cumplied with this filler does not	6 4 CITY-ST-ZIP	d in Section 119.07(3)(i), Florida Statutes. I furt	
information indicated on this arinual	report or supplemental annual report is t	rue and accurate and tha	o in Section 119.07(3)(i), Florida Statutes. Fluri t my signature shall have the same legal effect rt as required by Chapter 607, Florida Statutes	l as if made under oath, the