

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.**  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0083693

**PROFIT CORPORATION ANNUAL REPORT 1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**

98 AUG 17 PM 1:19

SECRETARY OF STATE  
 TALLAHASSEE FLORIDA



**DOCUMENT # P97000026552 (4)**  
 1. Corporation Name  
**DEPOT DE NATUREL RESSOURCES INTL., INC.**

Principal Place of Business: **4834 SR 64E - 1490 N. OAK PARK AVE. AVON PARK FL 33826 33825**  
 Mailing Address: **P.O. BOX 355 AVON PARK FL 33826**

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified <b>03/11/1997</b>	
4. FEI Number <b>65-0855865</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**CHOQUETTE, BETTY**  
**4834 SR 64E 1490 N. OAK PARK AVE.**  
**AVON PARK FL 33826 33825**

10. Name and Address of New Registered Agent  
 81 Name *Same*  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

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: *Betty Choquette* DATE: **8/12/98**  
Signature, typed or printed name of registered agent and fee, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>P</b>	<input type="checkbox"/>
NAME	<b>CHOQUETTE, ROBERT G</b>	
STREET ADDRESS	<b>4834 SR 64E</b>	
CITY-ST-ZIP	<b>AVON PARK FL 33826</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	<b>900002619343</b>		
1.3 STREET ADDRESS	<b>-08/18/98--01050--007</b>		
1.4 CITY-ST-ZIP	<b>*****150.00 *****150.00</b>		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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.  
 SIGNATURE: *[Signature]* DATE: **11/22/98** (941)

CR2E034 (5/98)

8/7/98

TO WHOM IT MAY CONCERN:

THIS IS TO ADVISE YOU THAT AS OF THIS DATE WE HAVE NOT RECEIVED  
OUR ANNUAL REPORT FOR **DEPOT DE NATUREL RESSOURCES INTL., INC.**

WE ARE ENCLOSING A MONEY ORDER IN THE AMOUNT OF \$150.00 TO  
COVER THIS REPORT.

A CHANGE OF ADDRESS COULD POSSIBLY HAVE BEEN THE PROBLEM.

THANK YOU.

*Deli Choquetto*

FILED  
98 AUG 17 PM 1:50  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA