


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

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90070 003 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000086694

1. Corporation Name
FOR DEPOSIT ONLY, INC.



Principal Place of Business 4103 N. 50TH AVENUE HOLLYWOOD FL 33021	Mailing Address 4103 N. 50TH AVENUE HOLLYWOOD FL 33021
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2700 N 29 Ave		2a. Mailing Address 26 2700 N 29 Ave		3. Date Incorporated or Qualified 10/09/1998	
22 Suite, Apt. #, etc. 106		27 Suite, Apt. #, etc. 106		4. FEI Number 65-0873669	
23 City & State Hollywood FL		28 City & State Hollywood FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip 33020		29 Zip 33020		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 Country USA		30 Country USA		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

UNGER, JEFFREY M
4103 N. 50TH AVENUE
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name Jeffrey Unger	85 Zip Code 33020
82 Street Address (P.O. Box Number is Not Acceptable) 2700 N 29 Ave	
83 #106	
84 City Hollywood	85 Zip Code 33020

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

Jeffrey Unger

4/26/99

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	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UNGER, JEFFREY M	1.2 NAME	Jeffrey M Unger
STREET ADDRESS	4103 N. 50TH AVENUE	1.3 STREET ADDRESS	2700 N 29 Ave #106
CITY-ST-ZIP	HOLLYWOOD FL 33021	1.4 CITY-ST-ZIP	Hollywood, FL 33020
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D. P. S.	2.2 NAME	Har Rosenberg
STREET ADDRESS		2.3 STREET ADDRESS	2700 N 29 Ave #106
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Hollywood FL 33020
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Jeffrey Unger SIGNATURE REQUIRED

Date

Daytime Phone #

4/26/99 954.922 7090

CR2E034 (11/98)