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

PROFIT CORPORATION ? ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S99102

(3)

MILITARY DEPOT, INC.

Principal Place of Business Mailing Address

3190 SOUTH STATE ROAD 7 MIRAMAR FL 33023

2. Principal Place of Business

2a. Mailing Address

3190 SOUTH STATE ROAD 7 MIRAMAR FL 33023

FILED Jan 15 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/09/1991

2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0341976	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additional
22 27		27		5. Certificate of Status Desired	Fee Required
City & State ! City & State		· <u></u> -	6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the cui	rrent year Intangible
24 25 29 3		Personal Property Tax due June 30. Yes No			
	9, Name and Address of Current	Registered Agent	10. Name and Address of New Registered Agent		
GRAMLICH, RONALD			81 Name	· ·	
3190 SOUTH STATE ROAD 7			82 Street Address (P.O. Box Number is Not Acceptable)		
MIRAMAR FL 33023			Chiber reduced (1.5. 25X ranks retrict receptable)		
			83		
					1-1
			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 Signature, types a printed name of registered agent and utle if applicable. (NOTE. Registered Agent signature required when reinstating) DATE					
12,	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GRAMLICH, RONALD		1,2 NAME		
STREET ADDRESS	3190 SOUTH STATE RD. 7		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIRAMAR FL		1,4 CITY-ST-ZIP		
TITLE	VT	DELETE	2.1 TITLE		Change Addition
NAME	GRAMLICH, RONALD		2.2 NAME		
STREET ADDRESS	3190 SOUTH STATE RD. 7		2.3 STREET ADDRESS		}
CITY-ST-ZIP	MIRAMAR FL		2. 4 City-St-ZiP	,	
TITLE	SD	DELETE	3.1 TITLE		Change Addition
NAME	SHOBER, FRANCES		3.2 NAME		
STREET ADDRESS	17853 NW 20 ST		3.3 STREET ADDRESS		
	PEMBROKE PINES FL				
CITY-ST-ZIP TITLE		DELETE	3.4. CITY - ST - ZIP 4.1 TITLE		Change Addition
NAME			4, 2 NAME		
STREET ADDRESS			4.2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP		□ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change L Addition
			5.2 NAME		
NAME					
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		_ DELETE	5.4 CITY-ST-ZIP		Change Addition
TITLE		CT DETEIE	6.1 TMLE		CI CHAUGE CI AUDITION
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP	4000 50	
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 suppliemental 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					

indicated on unis annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am a officer or director of the cerporation 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 it changed, or on an attachment with an address.

GNATURE:

GNATURE:

SIGNATURE: