## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00



	PROFIT - CORPORATION ANNUAL REPORT		Sec	PARTMENT fra B. Mortha retary of Sta OF CORPOR	am te						
	OCUMENT # Corporation Name STOCK DEPOT, INC	V37908	(3)								
Principal Place of Business  1801 \$. FED. HWY. \$UITE 244			Mailing Address  9 HUDSON AVENUE OCEAN RIDGE FL 3					t 1881) Bilboo Illik toolo sailt Beist	( <b>0</b> (1 <b>3</b> ) <b>0</b> (1 <b>0)</b> 0(3 <b>0</b> )	UII	<b>61611 01811 100</b> 1
	DELRAY BCH. FL 33483 US						3.	Date Incorporated or Qualified 05/21/1992	3a. Date of 07/3	Last F	,
2. 21	Principal Place of Business		2a. Mailing Address 26				4.	FEI Number 65-0382711			Applied For Not Applical
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5.	Certificate of Status Desired		<b>,</b>	5 Additional Required
23	Crty & State		City & State				6.	Election Campaign Financing Trust Fund Contribution			00 May Be ad to Fees
24	. '	Country	Zip <b>29</b>	30 Co	untry			This corporation has liability for i Florida Statutes Yes	□ No		199.032,
Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent				
MANGIONE, ERIC J. 9 HUDSON AVENUE OCEAN RIDGE FL 33435					81 82 83	Name Street Address (F.O. Box Number is Not Acceptable)					
ł					DA	Cdu		· · · · · · · · · · · · · · · · · · ·		0E 7	in Codo

Zip Code 85 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 world 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

12.	OFFICERS AND DI	RECTORS	13.	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTO	R\$ IN 12
TITLE	P	☐ DELETE	1. 1 TOTLE	A	Change	☐ Additio
NAME	MANGIONE, ERIC		1.2 NAME	PRES. OF A J		
STREET ADDRESS	9 HUDSON AVE		1.3 STREET ADDRESS			
DITY-ST-ZIP	OCEAN RIDGE FL 33435		1.4 CITY - ST - ZIP	,		
TITLE		☐ DELETE	2 1 TITLE		☐ Change	Addition
NAME			2.2 NAME			
STREET ADDRESS			2 3 STREET ADDRESS			
CHTY-ST-ZIP			2 4 CITY - ST - ZIP			
TITLE		☐ DELETE	3 1 TITLE		☐ Change	☐ Additio
IAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY - ST - ZIP			3.4 City - St - ZiP			
TITLE		DELETE	4. 1 TITLE		☐ Change	Additio Additio
NAME			4 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-S1-ZIP			4 4 CITY - ST - ZIP			
TITLE		☐ DELETE	5 1 TITLE		Change	☐ Additio
NAME			5.2 NAME			
STREET ADDRESS			5 3 STREET ADDRESS			
CITY-ST-ZiP			5.4 CITY - ST - ZIP			
T:TLE		DELETE	6 1 TITLE		☐ Change	Additio
NAME			6 2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
OUTV CT DID			6 A C(3 V. C) 7(0			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 eath; 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 3 if changed, or on an attachment with an address.

SIGNATURE:

WE OF SIGNING OFFICER OR DIRECTOR POSS , DE NT DON'S

Applied For Not Applicable \$8.75 Additional