

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

FILED
Mar 02 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # L10676 (9)
1. Corporation Name
DEB SOCIETY, INC.



Principal Place of Business Mailing Address
C/O DAVID F. COWAN, JR
1501 BELMONT DR
ORLANDO FL 32806
US
C/O COWAN, DAVID, F. JR
1501 BELMONT DR.
ORLANDO FL 32806
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
3. Date Incorporated or Qualified		4. FEI Number	
08/21/1989		NOT APPLICABLE	
5. Certificate of Status Desired		Applied For	
<input type="checkbox"/>		Not Applicable	
6. Election Campaign Financing		8. This corporation owes or has paid the current year Intangible	
Trust Fund Contribution		Personal Property Tax due June 30.	
<input type="checkbox"/>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	
<input type="checkbox"/>		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COWAN JR, DAVID F
1501 BELMONT DR
ORLANDO FL 32806

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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, 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	VPS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHRADER, WAYNE	1.2 NAME	
STREET ADDRESS	1501 BELMONT DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, CRAIG P.	2.2 NAME	
STREET ADDRESS	1501 BELMONT DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COWAN JR, DAVID F	3.2 NAME	
STREET ADDRESS	1501 BELMONT DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	VPS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALE JOHANNES	4.2 NAME	
STREET ADDRESS	1501 BELMONT DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32806	4.4 CITY-ST-ZIP	
TITLE		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		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)(l), 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]

11/27/98

CR2E034 (10/97)