

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L63707 (8)**

1. Corporation Name
DEBORAH KAY PRICE ENTERPRISES, INC.



Principal Place of Business
**111 E. CENTRAL AVE.
LAKE WALES FL 33853**

Mailing Address
**111 E. CENTRAL AVE.
LAKE WALES FL 33853**

2. Principal Place of Business
21 **24 S. First Street L. Wales**
Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25

2a. Mailing Address
26 **24 S First St. Lake Wales FL**
Suite, Apt. #, etc. **33853**
27 City & State
28 Zip
29 Country
30

3. Date Incorporated or Qualified **04/02/1990** 3a. Date of Last Report **04/20/1995**
4. FEI Number **59-2998847** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.03? Florida Statute- Yes No
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
**WINGATE DEBORAH K
950 ALDO ROAD
SUITE 130
BABSON PARK FL 33827**

81 Name **Deborah k. wingate**
82 Street Address (P.O. Box Number is Not Acceptable) **950 Aldo Rd.**
83
84 City **Babson Park** FL 85 Zip Code **33827**

11. Pursuant to the provisions of Sections 607 (a)(1) and 607.1508, Florida Statutes, the above-named corporation certifies 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, Sections 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12		
1. TITLE	DPV	<input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2. NAME	WINGATE, DEBORAH K.		2. NAME		
3. STREET ADDRESS	111 E. CENTRAL AVE		3. STREET ADDRESS		
4. CITY-STATE-ZIP	LAKE WALES FL		4. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5. TITLE	DST	<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6. NAME	WINGATE, DEBORAH K.		6. NAME		
7. STREET ADDRESS	111 E. CENTRAL AVE		7. STREET ADDRESS		
8. CITY-STATE-ZIP	LAKE WALES FL		8. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
9. TITLE		<input type="checkbox"/> DELETE	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
10. NAME			10. NAME		
11. STREET ADDRESS			11. STREET ADDRESS		
12. CITY-STATE-ZIP			12. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
13. TITLE		<input type="checkbox"/> DELETE	13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
14. NAME			14. NAME		
15. STREET ADDRESS			15. STREET ADDRESS		
16. CITY-STATE-ZIP			16. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
17. TITLE		<input type="checkbox"/> DELETE	17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
18. NAME			18. NAME		
19. STREET ADDRESS			19. STREET ADDRESS		
20. CITY-STATE-ZIP			20. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 statement 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 registered or trusted employee to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: **Deborah k. wingate** 4/16/96 941-676-6260
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)