SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # 505561 (1)

1. Corporation Name
DEBOARD CORPORATION

Principal Place of Business
3309 CULLEN LK SH DR
ORLANDO FL 32812-1046
US

Mailing Address

3. Date Incorporated or Qualified: 06/21/1976
3a. Date of Last Report: 03/15/1995

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 3309 CULLEN LK SH DR
Suite, Apt. #, etc.
27
City & State
28 ORLANDO FL
Zip 29 32812-1046 Country 30 US

4. FEI Number: 59-1687088 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. 199.032 Florida Statutes: [ ] Yes [X] No

9. Name and Address of Current Registered Agent
DEBOARD, R. W.
3309 CULLEN LK SH DR
ORLANDO FL 32812-1046

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0505 and 607.1605, 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

12. OFFICERS AND DIRECTORS

TITLE	PD	[ ] DELETE
NAME	DEBOARD, ROBERT W	
STREET ADDRESS	3309 CULLEN LK SH DR	
CITY, ST, ZIP	ORLANDO FL 32812-1046	
TITLE	DVP	[ ] DELETE
NAME	DEBOARD, JUDITH B	
STREET ADDRESS	3309 CULLEN LK SH DR	
CITY, ST, ZIP	ORLANDO FL 32812-1046	
TITLE	D	[ ] DELETE
NAME	DEBOARD, MATTHEW G	
STREET ADDRESS	3309 CULLEN LK SH DR	
CITY, ST, ZIP	ORLANDO FL 32812-1046	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

11 TITLE		[ ] Change [ ] Add
12 NAME		
13 STREET ADDRESS		
14 CITY, ST, ZIP		
21 TITLE		[ ] Change [ ] Add
22 NAME		
23 STREET ADDRESS		
24 CITY, ST, ZIP		
31 TITLE		[ ] Change [ ] Add
32 NAME		
33 STREET ADDRESS		
34 CITY, ST, ZIP		
41 TITLE		[ ] Change [ ] Add
42 NAME		
43 STREET ADDRESS		
44 CITY, ST, ZIP		
51 TITLE		[ ] Change [ ] Add
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		
61 TITLE		[ ] Change [ ] Add
62 NAME		
63 STREET ADDRESS		
64 CITY, ST, ZIP		

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***225.00

CR2E034 (3/96)

14. I hereby certify that the information indicated on this report or supplemental 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 Florida Statutes; and that my name appears in Block 12 or Block 13 with an appropriate title or as the person authorized to execute this report.

SIGNATURE: J.B. DeBoard J.B. DEBOARD 6-7-96 407-855-8038
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/19/96