

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Feb 26 1996 8:00 am
Secretary of State

DOCUMENT # 704556 (0)

1. Corporation Name

DEBBIE-RAND MEMORIAL SERVICE LEAGUE, INC.



Principal Place of Business: 800 MEADOWS RD. BOCA RATON FL 33486-2304
Mailing Address: 800 MEADOWS RD. BOCA RATON FL 33486-2304

3. Date Incorporated or Qualified: 09/21/1962
3a. Date of Last Report: 02/15/1995

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number	Applied For
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	59-1055553		Not Applicable
23	City & State	27	City & State	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
24	Zip	28	City & State		<input type="checkbox"/>	
25	Country	29	Zip	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
30		30	Country		<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
KOVAL, CHARLES
800 MEADOWS ROAD
BOCA RATON FL 33486

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD COMPARATO, EDITH 324 COCONUT PALM RD BOCA RATON FL	1.1 TITLE	VD MURRAY BLANCHARD 19484 ISLAND COURT DRIVE BOCA RATON FL 33433
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D WALTERS, JEANNE 19731 BOCA GREENS DR BOCA RATON FL	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	TD MURPHY, PAUL E 9210 SW 3RD ST #212 BOCA RATON FL	3.1 TITLE	TD JOSEPHINE SBARDELLA 1000 N.W 8TH STREET BOCA RATON FL 33486
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	PD CHANDLER, JANE 5578 CAMEO DR N. BOCA RATON FL	4.1 TITLE	PD PATRICIA THOMAS 5710 HAMILTON WAY BOCA RATON FL 33496
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	SD MALTON, MADLYN 1281 SW 7TH ST #72 BOCA RATON FL	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	VD THOMAS, PATRICIA 5710 HAMILTON WAY BOCA RATON FL	6.1 TITLE	VD IRWIN SILBERMAN 19670 BAY COVE DRIVE BOCA RATON FL 33434
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Josephine Sbardella* 2-19-96 407-368-0186
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E037 (12/95)