

FILE NOW: FILING FEE IS \$61.25

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Feb 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified
09/21/1962

4. FEI Number
59-1055553

Applied For	
Not Applicable	<input checked="" type="checkbox"/>

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	25. Country
29. Zip	30. Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

**KOVAL, CHARLES
800 MEADOWS ROAD
BOCA RATON FL 33486**

10. Name and Address of New Registered Agent

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

TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	MERTZ, MARGE	
STREET ADDRESS	17263-2 BOCA CLUB RD	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	CS	<input type="checkbox"/> DELETE
NAME	BECHTHOLD, JUNE	
STREET ADDRESS	1829 RIVERVIEW RD #621	
CITY-ST-ZIP	DEERFIELD BCH FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SBARDELLA, JOSEPHINE	
STREET ADDRESS	1000 NW 8TH ST	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	THOMAS, PATRICIA	
STREET ADDRESS	5710 HAMILTON WAY	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MALTON, MADLYN	
STREET ADDRESS	1281 SW 7TH ST #72	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	BURNS, ELEANOR	
STREET ADDRESS	3050 NE 48TH ST #101	
CITY-ST-ZIP	LIGHTHOUSE POINTE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/Tr	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MERTZ, MARGE	
1.3 STREET ADDRESS	17263 Boca Club Blvd. Apt. 2	
1.4 CITY-ST-ZIP	Boca Raton, Fl. 33487	
2.1 TITLE	S/Tr	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP	33441	
3.1 TITLE	T/Tr	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	HENRY HOLMES	
3.3 STREET ADDRESS	19824 Boca Greens Dr.	
3.4 CITY-ST-ZIP	Boca Raton, Fl. 33498	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(i), 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: *MARGE MERTZ* MARGE MERTZ 1/23/98 (561) 393-4098

CF2E037 (10/97)