FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F90332** **(0)**

1. Corporation Name

DEBS, INCORPORATED

Principal Place of Business	Mailing Address
1851 NE MIAMI GARDENS DRIVE NORTH MIAMI BEACH FL 33179	1851 NE MIAMI GARDENS DRIVE NORTH MIAMI BEACH FL 33179

3. Date Incorporated or Qualified: **07/09/1982**
3a. Date of Last Report: **01/31/1995**
4. FEI Number: **59-2211746** ☐ 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 ☒ No

2. Principal Place of Business
21 Street Address
22
23 City & State
24 Zip 25 County

2a. Mailing Address
26 Street Address
27
28 City & State
29 Zip 30 County

9. Name and Address of Current Registered Agent

LAZAN, DAVID M.
1090 KANE CONCOURSE
BAY HARBOUR ISLANDS FL 33154

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 Section 607.1803, 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. The 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

P
JACOBSON, STANLEY A.
2180 NE 204TH STREET
N. MIAMI BEACH FL

STD
JACOBSON, DEBRA
2180 NE 204TH STREET
N. MIAMI BEACH FL

VP
JACOBSON, ANDREW
2180 NE 204TH STREET
N. MIAMI BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 19

14. I declare, certify that the information supplied with this filing is accurate, and furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 added to the report, or on an attachment with an address.

SIGNATURE: Stanley A. Jacobson STANLEY A. JACOBSON 2/13/96 305-932-5140
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

CR2E034 (12/95)