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Mar 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # G19432 (5)

1. Corporation Name
DEB-LI ENTERPRISES, INC.

Principal Place of Business
177 NW 18TH STREET
FT. LAUDERDALE FL 33311
US

Mailing Address
P.O. BOX 1197
FORT LAUDERDALE FL 33302-1197
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/19/1983		3a. Date of Last Report 04/10/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2844296		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		30 Country		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 BLUMKIN, CHARLES 3210 EMERALD POINTE DRIVE SUITE 103A HOLLYWOOD FL 33021				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 City 84 State 85 Zip Code			
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.				3/3/97			
SIGNATURE Charles S. Blumkin pres				DATE			

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE P <input type="checkbox"/> DELETE				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME BLUMKIN, CHARLES				1.1 TITLE			
STREET ADDRESS 3210 EMERALD PT DRIVE #103A				1.2 NAME			
CITY- ST- ZIP HOLLYWOOD FL				1.3 STREET ADDRESS 2101 N 51 st Ave			
TITLE VP <input type="checkbox"/> DELETE				1.4 CITY- ST- ZIP Hollywood FL			
NAME ANGELINO, MICHAEL				2.1 TITLE			
STREET ADDRESS 3995 SW 15TH #204				2.2 NAME			
CITY- ST- ZIP POMPANO BEACH FL				2.3 STREET ADDRESS			
TITLE ST <input type="checkbox"/> DELETE				2.4 CITY- ST- ZIP			
NAME BLEMKIN, LISA SUSAN				3.1 TITLE			
STREET ADDRESS 2208 N 45TH AVENUE				3.2 NAME BLUMKIN			
CITY- ST- ZIP HOLLYWOOD FL				3.3 STREET ADDRESS			
TITLE <input type="checkbox"/> DELETE				3.4 CITY- ST- ZIP			
NAME				4.1 TITLE			
STREET ADDRESS				4.2 NAME			
CITY- ST- ZIP				4.3 STREET ADDRESS			
TITLE <input type="checkbox"/> DELETE				4.4 CITY- ST- ZIP			
NAME				5.1 TITLE			
STREET ADDRESS				5.2 NAME			
CITY- ST- ZIP				5.3 STREET ADDRESS			
TITLE <input type="checkbox"/> DELETE				5.4 CITY- ST- ZIP			
NAME				6.1 TITLE			
STREET ADDRESS				6.2 NAME			
CITY- ST- ZIP				6.3 STREET ADDRESS			
TITLE <input type="checkbox"/> DELETE				6.4 CITY- ST- ZIP			

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: Charles S. Blumkin 3/3/97 934 523 0300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)