

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**May 18 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT **1998**



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

**DOCUMENT # G96156 (6)**

1. Corporation Name  
**DEBLIN ENTERPRISES, INC.**



Principal Place of Business  
**3400 S. TAMiami TRAIL SUITE 202  
 OSPREY FL 34229  
 US**

Mailing Address  
**C/O JEFFERSON. F. RIDDELL  
 3400 S. TAMiami TRAIL, SUITE 202  
 SARASOTA FL 34239  
 US**

DO NOT WRITE IN THIS SPACE

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	Country
24	Country	29	Zip
25		30	Country

3. Date Incorporated or Qualified  
**04/10/1984**

4. FEI Number  
**59-2401103**

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

9. Name and Address of Current Registered Agent

**RIDDELL, JEFFERSON F  
 3400 S. TAMiami TRAIL  
 SUITE 202  
 SARASOTA FL 34239**

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 607.0502 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.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS <input type="checkbox"/> DELETE	1.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TOWERS, HERBERT G</b>	1.2 NAME	<b>Towers, Herbert G</b>
STREET ADDRESS	<b>480 1/2 BLACKBURN PT RD</b>	1.3 STREET ADDRESS	<b>480 1/2 Blackburn PT RD</b>
CITY-ST-ZIP	<b>OSPREY FL</b>	1.4 CITY-ST-ZIP	<b>Osprey, FL 34229</b>
TITLE	DS <input type="checkbox"/> DELETE	2.1 TITLE	DST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TOWERS, LINDA C</b>	2.2 NAME	<b>Towers, Linda C.</b>
STREET ADDRESS	<b>480 1/2 BLACKBURN PT RD</b>	2.3 STREET ADDRESS	<b>480 1/2 Blackburn Pt Rd</b>
CITY-ST-ZIP	<b>OSPREY FL</b>	2.4 CITY-ST-ZIP	<b>Osprey, FL 34229</b>
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TOWERS, DEBORAH G</b>	3.2 NAME	<b>Towers, Deborah G.</b>
STREET ADDRESS	<b>11A SUNKEN MEADOW ROAD</b>	3.3 STREET ADDRESS	<b>11A Sunken Meadow Road</b>
CITY-ST-ZIP	<b>NORT PORT NY</b>	3.4 CITY-ST-ZIP	<b>North Port NY</b>
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	DVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TOWERS, WILLIAM G</b>	4.2 NAME	<b>Towers, William G.</b>
STREET ADDRESS	<b>480 1/2 BLACKBURN PT RD</b>	4.3 STREET ADDRESS	<b>480 1/2 Blackburn Pt. Rd.</b>
CITY-ST-ZIP	<b>OSPREY FL</b>	4.4 CITY-ST-ZIP	<b>Osprey, FL 34229</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Handwritten Signature]*

CR2E034 (10/97)