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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H24963

(1)

DEBORAH DOBRY, INC.

FILED Apr 09 1997 8:00am Secretary of State

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Principal Place of Business Mailing Address							AIAN AIAN AIRN	B1811 W1811	Nibil JEEL
2806 SE FEDE	ral hwy	2806 SE FEDERAL HWY							
PALM SHOPPIN		STUART FL 34994-5738							
STUART FL 34 US	994	US				3. Date Incorporated or Qualified	3a. Date	of Last R	enort
03						09/26/1984	03/26		cport
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Ar	oplied For
21		26				59-2491741 Not Applicab			
Suite, Apt.	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional				
22		27			Fee Required				
City & Stat	e	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
23		28	T			Trust Fund Contribution	<u> </u>		
Ζφ	Country	Zip	Cou	niry		8. This corporation has liability for	iptangible ta Yes		. 199.032,
24	25 9. Name and Address of Currer	29 Agent	30			Florida Statutes 10. Name and Address of New R			
CAT		ir negistered Agent		В1	Name	10. Harris and Hadrides of Harris			
	rswell, bessie L. 8 se federal hwy						· · · · · · · · · · · · · · · · · · ·		
l	IART FL 34994		8		Street Add	dress (P.O. Box Number is Not Acceptable)			
310	MANI FL 34884								
				84	City			85 Zip	Code
					·		FL		
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statut	tes, the at	90V8	-named cor	poration submits this statement for the tion's board of directors. I hereby acce	purpose of cl	nanging i	ts registered
office or i	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such change was jations of, Section 607.0505, FI	aumonzei Iorida Stat	a by utes	ine corpora i,	mon's board or directors. I hereby acce	pt the appoi	in nerit as	registered
SIGNATURE									
	Styr ahms, typed or per teo name of registated ag	ent and title if applicable. (NOT ID DIRECTORS	TE: Registered	1 Ágei	ni signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CERS AND D	IRECTOR	3S IN 12
12.	OFFICERS AN	DELETE	1110	rt F		ADDITIONOJONA GEO 10 O11		Change	Addition
NAME	CARSWELL, ROBERT L. SR	DESC.	1.2 N/		ŀ				
	PO BOX 433				*DD9CCC				1
STREET ADDRESS	BELLE GLADE FL	_		1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE					
CITY - ST - ZIP						Change Addition			
NAME	CARSWELL, BESSIE L.		2.2 N/		1				
STREET ADDRESS	PO BOX 433				ADDRESS				
City-St-ZiP	BELLE GLADE FL				ST-ZIP				
TITLE	OM	DELETE			31-411			Change	Addition
NAME	CAVAZOS, JULIA		3.2 N/					-	
STREET ADORESS	4424 SE BEAVER LANE				ADDRESS				
CITY-ST-ZIP	STUART FL				ST-ZIP				
TILLE		☐ DELETE	4.1 T(Change	Addition
NAME			4. 2 N	AME					
STREET ADDRESS					ADDRESS				
CITY-\$1-7P					1-ZIP				
TITLE		DELETE	5.1 T		· · · ·			Change	Addition
NAME			5.2 N	AME					
STREET ADDRESS			5.3 S	TAEET	ADDRESS				
CITY - ST - ZIP	1				ST-ZIP				
TILE		☐ DELETE	61 Ti					Change	Addition
NAME			62 N	AME					
STREET ADDRESS			6.3 S	TREET	ADDRESS				
CITY-ST-7IP					ST-ZIP				,
44 (I I I I I I I I I I I I I I I I I I I	ad with this files along not our				ad in Section 119 07/3)(i) Florida Statut	oc Liurther	ortify tha	t the

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 arm an officer or director of the composition 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.

OF CONTROL OF SIGNING OFFICER OR DIRECTOR L. CARSWELL 4/1/97 56/-213-7283