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PROFIT CORPORATION ANNUAL REPORT



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

1996 DOC! MENT #

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DOCOMEIN # F143147 (8) DEBRY PROPERTIES, INC. Principal Place of Business Mailing Address					
Principal Place of Business 123 TROPICANA DRIVE PUNTA GORDA FL 33950		Mailing Address 123 TROPICANA DRIVE PUNTA GORDA FL 33950		1 1031011 0111 0100 11011 11011 11011	111 100 21211 31311 31311 31311 1301
				3. Date Incorporated or Qualified 02/18/1985	3a. Date of Last Report 01/19/1995
2. Principal Pla (1)	ice of Business	2a. Mailing Address 26		4. FEI Number 59-2646109	Applied For Not Applicable
Suite, Apt. #	r, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
3] Ζψ 4]	Country 25	28 Z(p) 29	Country 30	Trust Fund Contribution 8. This corporation has liability for Florida Statutes	Added to Fees
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			81 Name		
DEBRY, JEAN M. 123 TROPICANA DR. PUNTA GORDA FL 33950		83		dress (P.O. Box Number is Not Acceptable)	
			84 City		FL 85 Zip Code
or registere færnihar Wit	n the provisions of Sections 607.05 ed agent, or both, in the State of Flo h, and accept the obligations of, Se	02 and 607.1508, Florida Statu orida Such change was authori oction 607.0505, Florida Statute	tes, the above-named corporated by the corporation's boals.	oration submits this statement for the pu and of directors. I hereby accept the app	irpose of changing its registered office
or registere familiar wit S:GNATURE	ed agent, or both, in the State of Fil h, and accept the obligations of, Sc Stantine, typed or printed heard of registered ag	orida Such change was authori, oction 607.0505, Florida Statute entand tribilita pricatio (N	zed by the corporation's boals. OTE: Registered Agent signature require	and of directors. I hereby accept the appoint	urpose of changing its registered office pointment as registered agent. I am
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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 approximation block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

J. DE BRY 1-23-94-1, 941, 6344970

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. DE BRY 1-23-94-1, 941, 6344970

Daytone Printed NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)