PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # .IO6613

 Corporation 	Name											
DEBRON	ASSOCIATES, INC.											
U	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,					AIRI ENIND D		HIL OHOU OU	AN AND DEBT A	
Principal Place of Business Mailing Address									IND BANK ANDRA		411 01917 01011 01	'Alt Bisit (au)
,			NAY									
1515 NORTH FED HWY STE. 300			STE. 300									
BOCA RATON FL 33432			BOCA RATON FL 33432				DO NOT WRITE IN THIS SPACE					
U\$		U\$					3. Date Incorpo		Qualifed			
							03/28/198					
2. Principal Place of Business			2a. Mailing Address				4. FEI Number Applied For Not Applicable					
21	* *******	26					59-26508	65		/		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certifcate of	Status D	esired L	<u>. </u>	\$8.75 A Foo∶Ro i	
22		27	City & Chada								/	
City & State		Ь	City & State				6. Election Car		- 10		\$5.00 to Added to	•
23) 7:	Country	28	Zip	Countr	· · · · · · · · · · · · · · · · · · ·	Trust Fund Contribution				voor Into		
Zip	— — — — — — — — — — — — — — — — — — —			30			8. This corporation owes the current year Intangible Personal Property Tax.					
24	9. Name and Address of Current			<u>'</u>			10. Name and		• · ·	istered A	Agent	
	5. Haine and Address of Corror.	rtog.o		81	Name			•				
PEAS	SLEY, RONALD M.			82						`		
1515 NORTH FEDERAL HWY				Street	Addres	ss (P.O. Box Num	iber is No	t Acceptable)			
STE. 300				83				,				
BOCA RATON FL 33432												
			•	84	City					FL	85 Zip C	ode
44 Dureuant f	to the provisions of Sections 607.0502	and 6	07 1508 Florida Statutes	the abov	e-named	corpor	ration submits this	stateme	nt for the pur	nose of	changing its	registered
office or re	agistared against or both in the State of	FEloric	ta. Such change was auth	onzed by	/ the coro	oration	's board of directo	ors. I here	eby accept th	e appoir	itment as reg	jistered
agent. I ar	n familiar with, and accept the obligation	ons or,	, Section 607.0505, Florida	a Statute:	ş.							
SIGNATURE	Signature, typed or printed name of registered agent :	and title	if applicable. (NOTE: Re	gistered Age	ent signature	required v	when reinstating)			DATÉ		
12.	OFFICERS AND			13.			ADDITIONS/	CHANGE	S TO OFFIC	ERS AN	D DIRECTO	RS IN 12
TITLE	PC		☐ DELETE	1.1 TITLE							☐ Change	☐ Addition
NAME	PEASLEY, RONALD M.			1.2 NAME								
STREET ADDRESS	1515 NORTH FEDERAL HWY., S	TE. 3	300	1.3 STREET ADDRESS								
CITY-ST-ZIP	BOCA RATON FL			1.4 CITY-1	ST-ZIP							
TITLE	VP		☐ DELETE	2.1 TITLE					•		Change	☐ Addition
NAME	COOK, CHARLES			2.2 NAME								
STREET ADDRESS 1515 NORTH FEDERAL HIGHWAY, STE. 300			2.3 STREE	T ADDRESS								
CITY-ST-ZIP	BOCA RATON FL			2.4 CITY-	ST-ZIP	1			• • •			
TITLE	ST		DELETE	3.1 TITLE		ST			C 4		☐ Change	Addition
NAME	PABST, MARCY			3.2 NAME		'	DEBRA	(J	DHUIS	5.	•	
STREET ADDRESS	1515 NORTH FEDERAL HIGHWA	AY, S	TE. 300	3.3 STREE	T ADDRESS]						
CITY-ST-ZIP	BOCA RATON FL	•		3.4. CITY-	ST-ZIP	l						
TITLE			☐ DELETE	4.1 TITLE							☐ Change	Addition
NAME				4. 2 NAME	i							
STREET ADDRESS				4.3 STREE	ET ADDRESS							
CITY-ST-ZIP				4.4 CITY-	ST-ZIP	<u></u>					<u></u>	
TITLE			☐ DELETÉ	5.1 TITLE							☐ Change	Addition
NAME				5.2 NAME								}
STREET ADDRESS				5.3 STREE	ET ADDRESS							Ì
CITY-ST-ZIP				5.4 CITY-								
TITI E	ALCOHOL SECTIONS		☐ DELETE	6.1 TITLE							☐ Change	☐ Addition
NAME	र्पिति च हेक्			6.2 NAME		1						

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, with all other like empowered.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90087 037 ***163.75