SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # K72912 (4)

1. Corporation Name
DEBRO CONSTRUCTION CORPORATION

Principal Place of Business
~~1540 NW 19 ST.~~
~~HOMESTEAD FL 33030-2813~~

Mailing Address
~~1540 NW 19 ST.~~
~~HOMESTEAD FL 33030-2813~~

3. Date Incorporated or Qualified: 03/15/1989
3a. Date of Last Report: 02/20/1995

2. Principal Place of Business
21 503 Lagoon Blvd
Suite, Apt #, etc
22
City & State
23 Brigantine, NJ
Zip 24 08203-1221 Country 25 USA

2a. Mailing Address
26 503 Lagoon
Suite, Apt #, etc.
27
City & State
28 Brigantine, N.J.
Zip 29 08203-1221 Country 30 USA

4. FEI Number: 65-0106172 — Applied For / Not Applicable
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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
KING, ROBERT S
~~1540 NW 19 ST.~~
~~HOMESTEAD FL 33030-2813~~

10. Name and Address of New Registered Agent
81 Name: RICHARD W. KING
82 Street Address (P.O. Box Number is Not Acceptable): 11140 S.W. 71 AVE.
83
84 City: MIAMI FL 85 Zip Code: 33156-3945

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 unanimous 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: RICHARD W. KING — Signature typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE: 19 July 96

12. OFFICERS AND DIRECTORS

TITLE	PT	☐ DELETE
NAME	KING, DEBRA M.	
STREET ADDRESS	~~1540 NW 19 ST.~~	
CITY-ST-ZIP	~~HOMESTEAD FL 33030-2813~~	
TITLE	PVS	☐ DELETE
NAME	KING, ROBERT S.	
STREET ADDRESS	~~1540 NW 19 ST.~~	
CITY-ST-ZIP	~~HOMESTEAD FL 33030-2813~~	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	503 ~~Brigantine~~ Lagoon Blvd.	
1.4 CITY-ST-ZIP	Brigantine, NJ. 08203-1221	
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	503 Lagoon Blvd	
2.4 CITY-ST-ZIP	Brigantine, NJ 08203-1221	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

7-30-96
Dep $225

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert S. King Vice President — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE: 29 June 96 — Daytime Phone #: (609) 264-9474