

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**95 JAN 13 AM 9:32**

**DOCUMENT # K99415**

**(7)**

**1. Corporation Name  
DEBONY, INC.**

**Principal Place of Business**

**Mailing Address**

**3009 N.W. 26 AVENUE  
BOCA RATON FL 33434**

**3009 N.W. 26 AVENUE  
BOCA RATON FL 33434**

**DO NOT WRITE IN THIS SPACE.**

**3. Date Incorporated or Qualified**

**3a. Date of Last Report**

**06/29/1989**

**05/01/1994**

**4. FEI Number**

**05-0131427**

**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**

**2. Principal Place of Business**

**2a. Mailing Address**

**21 Suite, Apt. #, etc.**

**26 Suite, Apt. #, etc.**

**22 City & State**

**27 City & State**

**23 Zip**

**Country**

**28 Zip**

**Country**

**24**

**25**

**29**

**30**

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**FUNDILLER, MICHAEL J  
1382 NW 100TH AVE  
CORAL SPRGS FL 33071**

**01 Name STEVEN S. LINDEBAUM  
02 Street Address (P.O. Box Number is Not Acceptable)  
767 SOUTH STATE RD 7  
03 SUITE 24  
04 City MARGATE  
05 FL  
06 Zip Code 33068**

**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**

*S. Lindebaum*

**1-9-95**

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

|                       |                         |
|-----------------------|-------------------------|
| <b>TITLE</b>          | <b>D</b>                |
| <b>NAME</b>           | <b>RUSKIN, DEBRA</b>    |
| <b>STREET ADDRESS</b> | <b>3009 NW 26TH AVE</b> |
| <b>CITY, ST, ZIP</b>  | <b>BOCA RATON FL</b>    |
| <b>TITLE</b>          | <b>D</b>                |
| <b>NAME</b>           | <b>RUBIN, TONY</b>      |
| <b>STREET ADDRESS</b> | <b>3009 NW 26TH AVE</b> |
| <b>CITY, ST, ZIP</b>  | <b>BOCA RATON FL</b>    |
| <b>TITLE</b>          |                         |
| <b>NAME</b>           |                         |
| <b>STREET ADDRESS</b> |                         |
| <b>CITY, ST, ZIP</b>  |                         |
| <b>TITLE</b>          |                         |
| <b>NAME</b>           |                         |
| <b>STREET ADDRESS</b> |                         |
| <b>CITY, ST, ZIP</b>  |                         |
| <b>TITLE</b>          |                         |
| <b>NAME</b>           |                         |
| <b>STREET ADDRESS</b> |                         |
| <b>CITY, ST, ZIP</b>  |                         |
| <b>TITLE</b>          |                         |
| <b>NAME</b>           |                         |
| <b>STREET ADDRESS</b> |                         |
| <b>CITY, ST, ZIP</b>  |                         |

|                           |                       |
|---------------------------|-----------------------|
| <b>1.1 TITLE</b>          | <b>D</b>              |
| <b>1.2 NAME</b>           | <b>RUBIN, DEBRA</b>   |
| <b>1.3 STREET ADDRESS</b> | <b>3009 NW 26 AVE</b> |
| <b>1.4 CITY, ST, ZIP</b>  | <b>BOCA RATON FL</b>  |
| <b>2.1 TITLE</b>          |                       |
| <b>2.2 NAME</b>           |                       |
| <b>2.3 STREET ADDRESS</b> |                       |
| <b>2.4 CITY, ST, ZIP</b>  |                       |
| <b>3.1 TITLE</b>          |                       |
| <b>3.2 NAME</b>           |                       |
| <b>3.3 STREET ADDRESS</b> |                       |
| <b>3.4 CITY, ST, ZIP</b>  |                       |
| <b>4.1 TITLE</b>          |                       |
| <b>4.2 NAME</b>           |                       |
| <b>4.3 STREET ADDRESS</b> |                       |
| <b>4.4 CITY, ST, ZIP</b>  |                       |
| <b>5.1 TITLE</b>          |                       |
| <b>5.2 NAME</b>           |                       |
| <b>5.3 STREET ADDRESS</b> |                       |
| <b>5.4 CITY, ST, ZIP</b>  |                       |
| <b>6.1 TITLE</b>          |                       |
| <b>6.2 NAME</b>           |                       |
| <b>6.3 STREET ADDRESS</b> |                       |
| <b>6.4 CITY, ST, ZIP</b>  |                       |

**14. I/We hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Section 119.07(3)(b), 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. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 687, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addendum.**

**SIGNATURE:**

*Debra Rubin* **DEBRA RUBIN**  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**1-9-95**  
**Date**

**407-488 4776**  
**Telephone Number**