

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

**FILED**

**Jan 24 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # P94000054673 (6)**

1. Corporation Name  
**DEBRON, INC.**



Principal Place of Business

Mailing Address

**10506 SHADY OAK LN  
SEMINOLE FL 34647  
US**

**10506 SHADY OAK LN  
SEMINOLE FL 33777-1164  
US**

*dba Sam's Place Deli*

2. Principal Place of Business

2a. Mailing Address

21 **4601 PARK STREET**

26 **10801 STARKEY ROAD**

Suite, Apt #, etc.

Suite, Apt #, etc.

22 **# 5**

27 **# 104-23**

City & State

City & State

23 **ST. PETERSBURG, FL**

28 **LARGO, FLORIDA**

Zip

Country

Zip

Country

24 **33709**

25 **PINELLAS**

29 **33777**

30 **PINELLAS**

9. Name and Address of Current Registered Agent

**EISEN, RONNIE  
10506 SHADY OAK LANE  
SEMINOLE FL 34647**

3. Date Incorporated or Qualified

**07/22/1994**

3a. Date of Last Report

**03/15/1996**

4. FEI Number

**59-3255976**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Election Campaign Financing

**\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes  No

10. Name and Address of New Registered Agent

81 Name

**EISEN, RONNIE**

82 Street Address (P.O. Box Number is Not Acceptable)

**10801 STARKEY ROAD, #104-23**

83

84 City

**LARGO**

**FL**

85 Zip Code

**33777**

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

*Ronnie Eisen*

**RONNIE EISEN**

**1/20/97**

Signature typed or printed name of registered agent and, if applicable,

NOTE: Registered Agent signature required when reinstating!

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
PT	<b>EISEN, RONNIE E</b>	<b>10506 SHADY OAK LANE</b>	<b>SEMINOLE FL</b>	<input type="checkbox"/>
VS	<b>EISEN, DEBRA A</b>	<b>10506 SHADY OAK LANE</b>	<b>SEMINOLE FL</b>	<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>

14. 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 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.

SIGNATURE:

*Ronnie Eisen*  
**RONNIE EISEN**

Date

**1/15/97**

Daytime Phone #

**813  
393-2150**

CR2E034 (9/96)