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A SERVICIO PAR ARIOS RIVINGUARIS REPORTABLIS EN ESTADO 1880 A 1880 ARIOS ARIOS

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P95000020313**1. Corporation Name

DEBBIE J. DLOUHY ENTERPRISES, INC.

						Ш
Principal Place	e of Business	Mailing Address			3 1881/1881 WA (SIGN BINN BRIN BRIN BRIN BRIN BRIN BRIND WAS A STAND WAS NOW AS A STAND W	(BB)
1303 13TH LAN PALM BEACH G US	e Gardens fl 33418	1303 13TH LANE PALM BEACH GARDENS FI US	3Th Lane Beach Gardens FL 33418		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed	
					03/13/1995	
Principal Place of Business 2a. Mailing Address					4. FEI Number Applied Fo	
21 26					65-0566297 Not Applic	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired \$8.75 Addition Fee Required	aı
City & State City & State 28					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip Country Zip			Countr	у	8. This corporation owes the current year Intangible	
24 25 29 30			30		Personal Property Tax. Yes No	
	9. Name and Address of Currer	nt Registered Agent		1	10. Name and Address of New Registered Agent	—-
DI O	HUV DEDDIE I		81	l Name	·	
DLOUHY, DEBBIE J 1303 13TH LANE			8:	Street Addr	ress (P.O. Box Number is Not Acceptable)	
PALM BEACH GARDENS FL 33418			8:	3		
			84	1 City	FL 85 Zip Code	
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		ANOTE ANOTE	The interest Acres	ent signature require	ad when reinstating) DATE	- [
12.	Signature, typed or printed name of registered age OFFICERS AN	ND DIRECTORS	13.	ant signature require	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	12
TITLE	P	☐ DELETE	1.1 TITLE			ddition
NAME	DLOUHY, DEBBIE J	1.2 NA				}
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TITLE			6.2 NAME		,	
1 POUNE			1	ET ADDRESS		}
STREET ADDRESS			0.5 5 IND	LI FOUNDATION		i

14. I hereby certify that the information supplied with this filling 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 pn an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

561-686-4000