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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000014698 (0)

DEBMAR SERVICES INC.

FILED Feb 25 1997 8:00am Secretary of State

Principal Place of Business Mailing Address 4380 SOUTH WEST 50TH STREET 4380 SOUTH WEST 50TH STREET FORT LAUDERDALE FL 33314 FORT LAUDERDALE FL 33314-5757											
							3. Date Incorporated or Qualified 02/13/1996	3a. Date	e of Last F	Report	
2. Principa	Place of Business	2a. Mailing	Address				4. FEI Number	<u> </u>	A	pplied For	
21	The second secon	26					68-0647773		No	ot Applicable	
Suite, Ap	ot. #, etc	Suite, #	Apt #, etc.				5. Certificate of Status Desired			Additional equired	
City & St 23	tate	City & :	State				Election Campaign Financing Trust Fund Contribution			May Be to Fees	
Z(p)	Country 25	Zip 29		30 Cou	ntry	-	8. This corporation has liability for Florida Statutes	Yes 🗌	No	;. 199.032	
	9. Name and Address of Cur	rent Registered A	gent		B1	Name	10. Name and Address of New Re	gistered A	gent		
	OMBARDO, MARK	•									
4380 SOUTH WEST 50TH STREET FORT LAUDERDALE FL 33314					82	Street Addre	ss (P.O. Box Number is Not Acceptat	ie)			
'`	M				83						
				ļ	84	City	····		les 7in	Code	
	//					•	oration submits this statement for the pon's board of directors. I hereby accep	FL			
agent SIGNATURI 12.	Lam familiar/////fam/gcept the ob E Signate grader printed have of registered	oligations of, Section agent and like if applicate AND DIRECTORS	607.0605, Fl Siders /	orida Stat Osine	utes.	No K	owhen remaining to ADDITIONS/CHANGES TO OFFIC	-2/- DATE	97		
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NAME	Deborah Lombar	do		1.2 NA	AME						
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4. To hereby certify that the information supplied with this thing does not duality for the exemption stated in section 119 of (a)(f), Florida Statutes. Therefore certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; the I am an officer or director of the corp valion or ineffectiver 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 placed in on an attachment with an address.

SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-97

954-791-5098

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