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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000084157 (2)

DEBBIE TOWN SUBS,INC.

|   | , <u>, , , , , , , , , , , , , , , , , , </u>                                    |   |                             |   |                               | [1887]   | 18111 <b>i 188</b> 1 i 1 |                    |                            |
|---|--|---|-----------------------------|---|-------------------------------|--|--------------------------|--------------------|----------------------------|
| Principal Place of Business Mailing Address   |  |   |                             |   |                               | 1 (45)(45) (16 (6)(5 6)(1) 50(1) 50(1) 50(1) 50(1)   | 1811F B1881 111          | IN I NIFFE         | 184 (80)                   |
| 12201 N.W. 35TH STREET<br>#101  |  | 12201 N.W. 35TH STREET<br>#101                                  |                             |   |                               |  |                          |                    |                            |
| CORAL SPRINGS FL 33065  |  | CORAL SPRINGS FL 330  | CORAL SPRINGS FL 33065-2569 |   |                               |  | - <u>-</u>               |                    |                            |
|   |  |   |                             |   |                               | 3. Date Incorporated or Qualified 3a. Date of Last Report 10/09/1996                           |                          |                    |                            |
| 2. Principal Place of Business 2a. Mailing Address  |  |   |                             |   |                               | 4. FEI Number 5 -0 700 3   | 21.2                     |                    | plied For                  |
| 21  |  | 26  |                             |   |                               | 70701005   |                          |                    | t Applicable               |
| Suite, Apt.   | #, etc.  | Suite, Apt. #, etc.   | <del> </del>                |   |                               | 5. Certificate of Status Desired   | • -                      |                    | Additional                 |
| 22  |  | 27  |                             |   |                               |  |                          |                    | quired                     |
| City & Stat   | le .   | City & State  | City & State                |   |                               | 6. Election Campaign Financing   |                          |                    | May Be                     |
| 23  |  | 28  |                             |   |                               | Trust Fund Contribution  | A                        | dded t             | o Fees                     |
| Zip   | h  |   |                             | niry  |                               | 8. This corporation has liability for intendible tax under s. 199.032,                         |                          |                    |                            |
| 24  | 25   | 29  | 30                          |   |                               | Florida Statutes No 10. Name and Address of New Registered Agent                               |                          |                    |                            |
| 454   | 9, Name and Address of Curre   | nt Registered Agent   |                             | 81  | Name                          | 10. Name and Address of New Register   | rea Agent                |                    |                            |
|   | ALO, LISA J  |   |                             | ٠,  | Name                          |  |                          |                    |                            |
| 1499 W PALMETTO PARK BLVD.  |  |   |                             | 82 Street Address (P.O. Box Number is Not Acceptable) |                               |  |                          |                    |                            |
| SUITE 412   |  |   | -                           | 83  |                               | ·<br>  |                          |                    |                            |
| BOC   | CA RATON FL 33486  |   | ,                           | 63  |                               |  |                          |                    | }                          |
| 32  |  |   | <u> </u>                    | 84  | City                          |  | 85                       | Zip (              | Code                       |
|   |  |   |                             |   | -                             |  | FL  °°                   |                    |                            |
| 11. Pursuant<br>office or i   | to the provisions of Sections 607.050<br>registered agent, or both, in the State | 02 and 607.1508, Florida State<br>e of Florida. Such change was | ates, the ab<br>authorized  | ove<br>by   | e-named corp<br>the corporati | oration submits this statement for the purpos<br>ion's board of directors. I hereby accept the | se of chan-<br>appointme | ging it:<br>ent as | s registered<br>registered |
| 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 Signature, typed or printed name of registered agent and tills it applicable. (NOTE: Register   |  |   |                             |   | nt signature require          | ed when reinstatuig) DAT   | TE                       |                    |                            |
| 12.   |  | ID DIRECTORS  | 13.                         |   |                               | ADDITIONS/CHANGES TO OFFICERS A  | AND DIRE                 | CTOR               | S IN 12                    |
| TITLE   | PVST   | ☐ DELETE  | 1.1 10                      | LE:   |                               |  | ☐ C                      | iange              | Addition                   |
| NAME  | BEN-AMI, DEBBIE  |   | 1.2 NAI                     | ME  |                               |  |                          |                    |                            |
| STREET ADDRESS  | 12201 N.W. 35TH STREET #1  | 01  | 1.3 STF                     | ŒT.   | ADDRESS                       |  |                          |                    |                            |
| CITY-ST-ZIP   | CORAL SPRINGS FL 33065   | 1.4.0   |                             | 1.4 CITY - \$1 - ZIP                                  |                               |  |                          |                    |                            |
| TITLE   | D DE   |   | 2 1 TIT                     | 2 1 TITLE   |                               |  | □ C                      | ange               | Addition                   |
| NAME  | BEN-AMI, DEBBIE  |   | 2 2 NAI                     |   |                               |  |                          |                    |                            |
| STREET ADDRESS 12201 N.W. 35TH STREET #10   |  | 01  | 23 STF                      | 23 STREFT ADDRESS                                     |                               |  |                          |                    |                            |
| CITY-ST-ZIP   | CORAL SPRINGS FL 33065   |   | 2 4 CII                     | Y-\$  | S1 - ZIP                      |  |                          |                    |                            |
| TITLE   | ;  | ☐ DELETE  | 3 1 THT                     | .E  |                               |  | ☐ C                      | ange               | ☐ Addition                 |
| NAME  | _  |   | 3.2 NA                      | ΜE  |                               | •  |                          |                    |                            |
| STREET ADDRESS  |  | •   | 3 3 518                     | EET   | ADDRESS                       |  |                          |                    |                            |
| CITY-ST-ZIP   |  |   | 3 4. CIT                    | Y-8   | S1 - ZIP                      |  |                          |                    |                            |
| TITLE   | ☐ DELETE 4.11  |   |                             | E   |                               |  | ☐ Cr                     | ange               | Addition                   |
| NAME  |  |   | 4. 2 NA                     | ME  |                               |  |                          |                    |                            |
| STREET ADDRESS  |  |   | 4.3 \$16                    | EET.  | ADDRESS                       |  |                          |                    |                            |
| CITY-ST-ZIP   |  |   | 4.4 CIT                     | Y-\$1   | I - ZIP                       |  |                          |                    |                            |
| TITLE   |  | ☐ DELFTE  | 5.1 111                     | .f  |                               |  |                          | ange               | Addition                   |
| NAME  |  |   | 5.2 NA                      | Λέ  |                               |  |                          |                    |                            |
| STREET ADDRESS  |  |   | 5.3 STR                     | EF1   | ADDRESS                       |  |                          |                    |                            |
| CITY-ST-ZIP   |  |   | 5.4 CIT                     | Y - \$1   | 1 - ZIP                       |  |                          |                    |                            |
| TITLE   |  | ☐ DELE1E  | 6.1 TITI                    | .E  |                               |  | ☐ Cr                     | ange               | ☐ Addition                 |
| NAME  |  |   | 6.2 NAM                     | ЛE  |                               |  |                          |                    |                            |
| STREET ADDRESS  |  | •   | 6.3 STH                     | ££1.  | ADDRESS                       |  |                          |                    |                            |

14. Ido 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.

6.4 CITY - ST - ZIP

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**FILED** 

Mar 13 1997 8:00am

Secretary of State

<u>e todkinom kija kolik oliki odnim prima dojim odnim obiki olipan kloda akkim kora kreja</u>