Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90080 048 \*\*\*150.00

## 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 #** P96000084157

1. Corporation Name

STREET ADDRESS

DEBBIE	TOWN SUBS,	INC.												
Principal Place	e of Business		Ма	ailing Address					1	1 INDIINEE IIA IDIID BIII) BAILI	M#11 M#115 ##1#1	10111 45005 11001	Britt 1901 1991	
12201 N.W. 35TH STREET 12201 N.W. 35TH STREET														
#101 #101														
CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065										DO NOT WRITE IN THIS SPACE				
									3.	Date Incorporated or Qualife	ed			
									<u> </u>	10/09/1996				
2. Principal Place of Business 2a. Mailing Address									4.	FEI Number			plied For	
21 26						****				65-0700362			t Applicable	
Suite, Apt. #, etc.					, etc.				5.	Certifcate of Status Desired	· ·	\$8.75 A		
22 27 -								<b>├</b> ─						
City & State				City & State					6.	Election Campaign Financin	g $\square$	\$5.00	- 1	
23				Zip Country					<del>↓</del> -	Trust Fund Contribution		Added t	o rees	
Zip		ountry	$\vdash$	Zip	$\overline{}$	ıntry			8.	This corporation owes the co	urrent year Int	tangible Yes	□No	
24	25		29		30				<u> </u>	Personal Property Tax.	. Posistored			
	9. Name and A	ddress of Current	Regis	tered Agent	-	81	Nam		10.	Name and Address of Nev	Registereu	Affaur		
AEI A	ALO LISA I					01	I Valli	e .						
AFLALO, LISA J						82 Street Addr			ss (P	O. Box Number is Not Acce	ptable)			
1499 W PALMETTO PARK BLVD.														
SUITE 412 BOCA RATON FL 33486						83							ĺ	
ВОС	A RAIUN FL 33	100				84	City			<del></del>		85 Zip (	Code	
											FL	- (		
office or r	egistered agent, or	both, in the State of	Florid	07.1508, Florida Statut da. Such change was a , Section 607.0505, Flo	uthonzed	d by	the co	ed corpo rporation	ratior 1's bo	n submits this statement for the pard of directors. I hereby account	ne purpose of cept the appoi	changing its ntment as re	registered gistered	
SIGNATURE													[	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regist							t signatu	re required			DATE			
12.		OFFICERS AND	DIRE	<del></del>	13.					ADDITIONS/CHANGES TO C	OFFICERS AN		RS IN 12  Addition	
TITLE	PVST			☐ DELETE	1.1 ∏							Change		
NAME	Ben-ami, Debe				1.2 N	AME		- [						
STREET ADDRESS		th street #101			1.3 S	TREET	ADDRES	ss						
CITY-ST-ZIP	CORAL SPRING	SS FL 33065			1.4 C	ITY-S	T-ZIP							
TITLE	D			☐ DELETE	2.1 TI	TLE						☐ Change	☐ Addition	
NAME	Ben-ami, debi	BIÉ			2.2 N	AME		1					[	
STREET ADDRESS	12201 N.W. 35	TH STREET #101			2.3 S	TREET	ADDRES	ss					Ì	
CITY-ST-ZIP	CORAL SPRING	SS FL 33065			2.40	TY-S	T-ZIP		·					
TITLE	* , ,			☐ DELETE	3.1 TI	TLE						☐ Change	☐ Addition	
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CITY-ST-ZIP					3.4. C	ITY-S	T-ZIP							
TITLE				☐ DELETE	4.1 TI	TLE						☐ Change	☐ Addition	
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TITLE				☐ DELETE	5.1 TI			1				☐ Change	☐ Addition	
NAME					5.2 N									
STREET ADDRESS					5.3 8	TREET	ADDRES	SS					l	
CITY-ST-ZIP						ITY-S							ĺ	
TITLE		·		☐ DELETE	6.1 TI					<del></del>		Change	Addition	
NAME					6.2 N	AME						-	ĺ	
· - WILL	i													

CITY-ST-ZIP 14. I 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: DEBORICHE AANRE REQUARROSS.