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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000093204

1. Corporation Name

DEBORAH MARIE'S RESTAURANT INC

	•							13 14
Principal Place of Business Mailing Address				-		, 1827(88)		
8800 20TH STREET 8800 20TH STREET								
VERO BEACH FI		VERO BEACH FL 32966	VERO BEACH FL 32966			DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		
						11/02/1998		
2. Principal Pla	ace of Business	2a, Mailing Address	Mailing Address			4 FEI Number	A	pplied For
2. Francipal Fra 21	300 01 0 2011 000	26	H -			65-0872338		ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional equired
City & State		City & State				6, Election Campaign Financing Trust Fund Contribution		May Be to Fees
23 Zip	Country	Zip	Coul	ntry		8. This corporation owes the current year In	tangible	l
— '	25 29 30		30			Personal Property Tax.	Yes	ŽVo
24 25 29 29 3, Name and Address of Current Registered Agent				10. Name and Address of New Registe			Agent	
	S. Italia			81	Name			
	'EN, DEBORAH		82 Street Ad			ess (P.O. Box Number is Not Acceptable)		
	20TH STREET							
VERC	BEACH FL 32966							
		•		84	City	FI	_ 85 Zip	Code
office or re agent. I at	egistered agent, or both, in the small armitiar with, and accept the small accept the small signature, typed or printed name of register	obligations of, Section 607.0505, Fl	orida Stati	ites.	ino ociporado	oration submits this statement for the purpose of on's board of directors. I hereby accept the appoint d when reinstating)		
		RS AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORS IN 12
TILE	D ·	☐ DELETE	1.1 TI	n.e			Change	
NAME	PATTEN, DEBORAH		1.2 N/	ME				
STREET ADDRESS	141 MILLER DRIVE		1.3 \$7	REET	ADDRESS			
CITY-ST-ZIP	SEBASTIAN FL 32958		1.4 CI	TY-ST	r-ziP			
TITLE		☐ DELETE	2.1 TI	TLE	_		Change	Addition
NAME			2.2 N/	AME.	1	•		ì
STREET ADDRESS		•	2.3 \$1	TREET	ADDRESS	-	•	
CITY-ST-ZIP			2.40	2. 4 CITY-ST-ZIP			- Choose	e Addition
TITLE	DELETE 3.1		3.1 TI	TLE			☐ Change	a D'Addition
NAME			3.2 N	AME				
STREET ADDRESS			3.3 S	TREET	ADDRESS			
CITY-ST-ZIP				ITY-S	T-ZIP		Change	e Addition
TITLE		DELETE	4,1 11				onding.	٠
NAME			4.2 N		1			
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP				TY-SI	T- ZIP		Chang	e Addition
TITLE		L1 DELETE	5.1 T 5.2 N					
NAME					T ADDRESS			
STREET ADDRESS				iTY-SI				
CITY-ST-ZIP		☐ DELETE	6.1 T	_			☐ Chang	e Addition
TITLE	į	L1 DELETE	6.2 N		1			
NAME					T ADDRESS			
STREET ADDRESS			,,,,					

6.4 CITY-ST-ZIP

SIGNATURE: 4

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 inchanged, or on an attaonment with an address, with all other like empowered.

CR2E034 (11/98)