

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

FILED

Mar 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S55913 (5)
1. Corporation Name
DEBTONE INC.

Principal Place of Business
474 WASHINGTON COURT
FORT MYERS BEACH FL 33931

Mailing Address
474 WASHINGTON COURT
FORT MYERS BEACH FL 33931



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1340-2 Summerlin Rd Suite, Apt. #, etc. 22 2-University Crossing City & State 23 Ft. Myers, FL Zip 24 33907		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country 29		3. Date Incorporated or Qualified 05/28/1991	
2. Principal Place of Business 21 1340-2 Summerlin Rd Suite, Apt. #, etc. 22 2-University Crossing City & State 23 Ft. Myers, FL Zip 24 33907		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country 29		4. FEI Number 65-0266143 Applied For Not Applicable	
2. Principal Place of Business 21 1340-2 Summerlin Rd Suite, Apt. #, etc. 22 2-University Crossing City & State 23 Ft. Myers, FL Zip 24 33907		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country 29		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
2. Principal Place of Business 21 1340-2 Summerlin Rd Suite, Apt. #, etc. 22 2-University Crossing City & State 23 Ft. Myers, FL Zip 24 33907		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country 29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
2. Principal Place of Business 21 1340-2 Summerlin Rd Suite, Apt. #, etc. 22 2-University Crossing City & State 23 Ft. Myers, FL Zip 24 33907		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country 29		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent DUBE, ANTHONY C. 474 WASHINGTON CT. FORT MYERS BEACH FL 33931		10. Name and Address of New Registered Agent 81 Name DUBE, DORIS 82 Street Address (P.O. Box Number is Not Acceptable) 474 WASHINGTON CT. 83 FT. MYERS BEACH. 84 City FL 85 Zip Code 33931	
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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 DORIS DUBE CT Doris Dube 3-10-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MURPHY, DEBRA 474 WASHINGTON COURT FT. MYERS BEACH FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	S White, Debra 474 WASHINGTON CT. FT. MYERS BEACH, FL. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DUBE, ANTHONY C. 474 WASHINGTON COURT FT. MYERS BEACH FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TIEDT, WARREN M. 474 WASHINGTON COURT FT. MYERS BEACH FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT DORIS, DUBE 474 WASHINGTON COURT FT. MYERS BEACH FL <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	CT DORIS DUBE 474 WASHINGTON CT. FT. MYERS BEACH, FL. <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: Doris Dube 3-10-98 (941) 463-0519

CPREC34 (10/97)