

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -7 PM 4: 15

DOCUMENT # M80321 (6)
1. Corporation Name
DEVCON CROWN BAY CORP.

Principal Place of Business Mailing Address
1350 E. NEWPORT CENTER DRIVE SUITE 201 DEERFIELD BEACH FL 33442-7712
1350 E. NEWPORT CENTER DRIVE SUITE 201 DEERFIELD BEACH FL 33442-7712

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		05/11/1988	01/26/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		65-0059666	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input checked="" type="checkbox"/>	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ZIROLLA, BEVERLY 1350 E. NEWPORT CENTER DRIVE SUITE 201 DEERFIELD BEACH FL 33443				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL	85	Zip Code	

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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, DONALD L., JR.	1.2 NAME	D
STREET ADDRESS	1350 E NEWPORT CENTER DR	1.3 STREET ADDRESS	
CITY - ST - ZIP	DEERFIELD BEACH FL	1.4 CITY - ST - ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORNSBY, RICHARD L.	2.2 NAME	
STREET ADDRESS	1350 E NEWPORT CENTER DR	2.3 STREET ADDRESS	
CITY - ST - ZIP	DEERFIELD BEACH FL	2.4 CITY - ST - ZIP	
TITLE	VT	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRETT, WALTER B.	3.2 NAME	V/D/T
STREET ADDRESS	1350 E NEWPORT CENTER DR	3.3 STREET ADDRESS	
CITY - ST - ZIP	DEERFIELD BEACH FL	3.4 CITY - ST - ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZIROLLA, BEVERLY E.	4.2 NAME	
STREET ADDRESS	1350 E NEWPORT CENTER DR	4.3 STREET ADDRESS	
CITY - ST - ZIP	DEERFIELD BEACH FL	4.4 CITY - ST - ZIP	
TITLE	VD	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOOREHEAD, RONALD	5.2 NAME	
STREET ADDRESS	1350 E NEWPORT CENTER DR	5.3 STREET ADDRESS	
CITY - ST - ZIP	DEERFIELD BEACH FL	5.4 CITY - ST - ZIP	
TITLE	AS	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOUTE, ALICIA	6.2 NAME	
STREET ADDRESS	1350 E NEWPORT CENTER DR	6.3 STREET ADDRESS	← Delete listed information on Block 12
CITY - ST - ZIP	DEERFIELD BEACH FL	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: Beverly E. Zirolla DATE: 2/2/95 (305) 429-1500
 BEVERLY E. ZIROLLA
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR