

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

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



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

21. Principal Place of Business: Suite, Apt. #, etc.  
22. City & State  
23. Zip  
24. Country  
25. Country  
26. Mailing Address: Suite, Apt. #, etc.  
27. City & State  
28. Zip  
29. Country  
30. Country

3. Date Incorporated or Qualified: **05/11/1988**  
3a. Date of Last Report: **02/07/1995**  
4. FET Number: **65-0058666**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**ZIROLLA, BEVERLY  
1350 E. NEWPORT CENTER DRIVE  
SUITE 201  
DEERFIELD BEACH FL 33443**

10. Name and Address of New Registered Agent  
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 is 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: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Signature of Registered Agent) (Date)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SMITH, DONALD L., JR.</b>	
STREET ADDRESS	<b>1350 E NEWPORT CENTER DR</b>	
CITY-STATE-ZIP	<b>DEERFIELD BEACH FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>HORNSBY, RICHARD L.</b>	
STREET ADDRESS	<b>1350 E NEWPORT CENTER DR</b>	
CITY-STATE-ZIP	<b>DEERFIELD BEACH FL</b>	
TITLE	<b>VDT</b>	<input type="checkbox"/> DELETE
NAME	<b>BARRETT, WALTER B.</b>	
STREET ADDRESS	<b>1350 E NEWPORT CENTER DR</b>	
CITY-STATE-ZIP	<b>DEERFIELD BEACH FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>ZIROLLA, BEVERLY E.</b>	
STREET ADDRESS	<b>1350 E NEWPORT CENTER DR</b>	
CITY-STATE-ZIP	<b>DEERFIELD BEACH FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>MOOREHEAD, RONALD</b>	
STREET ADDRESS	<b>1350 E NEWPORT CENTER DR</b>	
CITY-STATE-ZIP	<b>DEERFIELD BEACH FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-STATE-ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-STATE-ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY-STATE-ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY-STATE-ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY-STATE-ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY-STATE-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 119.07(3)(k), Florida Statutes. I further certify that the information included 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: *Walter B. Barrett* **WALTER B. BARRETT** VICE PRESIDENT (954) 2/13/96 429-1500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)