

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**95 FEB -7 PH 4:17**

**DOCUMENT # V68029 (0)**

1. Corporation Name  
**DEVCON CROWN BAY II CORP.**

Principal Place of Business Mailing Address  
**% 1350 E. NEWPORT CENTER DRIVE SUITE 201 DEERFIELD BEACH FL 33443**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/01/1992** 3a. Date of Last Report **02/10/1994**  
4. FEI Number **65-0402426** Applied For  Not Applicable   
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

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
**GROSSMAN, ROBERT L.  
1221 BRICKELL AVENUE  
MIAMI FL 33131**

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1609, 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 607.0509, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	HORNSBY, RICHARD L.
STREET ADDRESS	1350 E NEWPORT CENTER DR
CITY - ST - ZIP	DEERFIELD BEACH FL
TITLE	VP
NAME	MOOREHEAD, RONALD L.
STREET ADDRESS	1350 E NEWPORT CENTER DR
CITY - ST - ZIP	DEERFIELD BEACH FL
TITLE	D
NAME	SMITH, DONALD L., JR.
STREET ADDRESS	1350 E NEWPORT CENTER DR
CITY - ST - ZIP	DEERFIELD BEACH FL
TITLE	DVP
NAME	BARRETT, WALTER B.
STREET ADDRESS	1350 E NEWPORT CENTER DR
CITY - ST - ZIP	DEERFIELD BEACH FL
TITLE	S
NAME	ZIRELLO, BEVERLY
STREET ADDRESS	1350 EAST NEWPORT CENTER DRIVE
CITY - ST - ZIP	DEERFIELD BEACH FL 33443
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<i>DVP</i>
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<i>Zirella, Beverly</i>
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(k), 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 Zirella* **2/3/95** (305) 429-1500  
*Beverly E Zirella* SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR