

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

FILED

Jan 20 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 # 377890 (9)

1. Corporation Name
DEVTRONICS, INC.

Principal Place of Business
1571 MAIN ST
ATLANTIC BCH FL 32233

Mailing Address
1571 MAIN ST
ATLANTIC BCH FL 32233



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/26/1971	
21		26		4. FEI Number 59-1540379	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		10. Name and Address of New Registered Agent	
Zip	Country	Zip	Country		
24		29			
9. Name and Address of Current Registered Agent					
DOUGLAS, ROBERT D. 67 FAIRWAY LANE JACKSONVILLE BEACH FL 32250				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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	Director
NAME	DOUGLAS, ROBERT D.	1.2 NAME	John Johnson
STREET ADDRESS	67 FAIRWAY LANE	1.3 STREET ADDRESS	1571 main St.
CITY-ST-ZIP	JACKSONVILLE BCH FL	1.4 CITY-ST-ZIP	Atlantic Beach FL 32233
TITLE	VD	2.1 TITLE	
NAME	DOUGLAS, PATSY J.	2.2 NAME	
STREET ADDRESS	67 FAIRWAY LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE BCH FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	
NAME	SULIK, JOHN J.	3.2 NAME	
STREET ADDRESS	811 PT. LA VISTA RD. N.	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	
NAME	DOUGLAS, PATSY J	4.2 NAME	
STREET ADDRESS	67 FAIRWAY LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE BCH FL	4.4 CITY-ST-ZIP	
TITLE	Bjorn Olsson, Director	5.1 TITLE	
NAME	1571 main St.	5.2 NAME	
STREET ADDRESS	Atlantic Beach, FL 32233	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	Director	6.1 TITLE	
NAME	Steve Schmitz	6.2 NAME	
STREET ADDRESS	1571 main St.	6.3 STREET ADDRESS	
CITY-ST-ZIP	Atlantic Beach, FL 32233	6.4 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 if changed, or on an attachment with an address.

SIGNATURE:

DOUGLAS, ROBERT D.

1-8-98

CR2E034 (10/97)