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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 400941 (1)

FILED
Jan 22 1998 8:00am
Secretary of State

DEVCON CARIBBEAN PURCHASING CORP.						***					
Principal Place of Business Mailing Address						# ##0(() 0(0)	El Siuil Billi	WENDE NEWEL BER	/// 010 // 1011		
1350 EAST NEWPORT CENTER DR 1350 EAST NEWPORT CENTER DR											
STE. 201	3CH. FL 33442-7779	STE,		440 7770				DO NOT WRITE	IN THIS S	PACE	
DECRIECO E	OCH. FL 33442-7779	DECH	FIELD BCH. FL 33	442-7779			ŀ	3. Date Incorporated or Qualified	- 11 11 110 0		-
								04/19/1972			
2. Principal P	Tace of Business	2a. Ma	iling Address					4. FEI Number		A	pplied For
21		26						59-1419237 Not App			ot Applicable
Suite, Apt.	#, etc.	— —	Suite, Apt. #, etc.				5. Certificate of Status Desired	X		Additional	
City & Stat	Δ	27	v & State								equired
23	•	28	City & State		1	Election Campaign Financing Trust Fund Contribution			May Be to Fees		
Zip	Country		Zip Country		r						
24	25	29	30		·			8. This corporation owes or has paid the current year Intang Personal Property Tax due June 30. Yes N			☐ No
	g. Name and Address of Cur	ent Registere	d Agent					10. Name and Address of New Re		gent	
ZIF	ROLLA, BEVERLY				81	Name		•			
135	50 EAST NEWPORT CENTER I	OR			82	Street A	Addres	s (P.O. Box Number is Not Acceptat	ole)		
DE DE	ERFIELD BCH. FL 33443							· · · · · · · · · · · · · · · · · · ·			
					83						
			,		84	City				85 Zip	Code
11 Purguant	to the provisions of Sections 607.6	E00 and 607 1	EOD Elected State	too the e					FL		
office or r	egistered agent, or both, in the St	ate of Florida.	Such change was	authorize	d by	the corp	oration	ation submits this statement for the parties of directors. I hereby accepts the parties of directors of the parties of the par	ot the appo	cnanging ii ointment as	registered
	m familiar with, and accept the ob	ligations of, Se	ction 607.0505, F	lorida Sta	tutes	š.					
SIGNATURE	Signature, typed or printed name of registered	agent and title if age	ficable (NO	TE. Registere	d Age	ot signature	reculred:	when reinstating)	DATE		
12.		ND DIRECTO		13.		on organization		ADDITIONS/CHANGES TO OFFIC		DIRECTOR	RS IN 12
TITLE	VD		DELETE	1.1 TI	TLE		VTD			Change	Addition
NAME HORNSBY, RICHARD L		1,2 N	1.2 NAME JA			A. NORELID					
STREET ADDRESS 1350 EAST NEWPORT CENTER DRIVE		1.3 S	1.3 STREET ADDRESS 12		135	OF Navaori Conter	Daixe		İ		
CITY-ST-ZIP DEERFIELD BEACH FL				1.4 CITY-ST-ZIP De		Dee	O E. Nawport Center rfield Beach, FL 3	32.2.2	<u>.</u>		
TITLE	PD DELETE		☐ DELETE		2.1 IIILE			•	ļ	L Change	☐ Addition
1 1	NAME SMITH, DONALD L				2.2 NAME						
! !	STREET ADDRESS 1350 E NEWPORT CENTER DR				2.3 STREET ADDRESS						İ
CITY-ST-ZIP	T-ZIP DEERFIELD BEACH FL			2. 4 CITY - ST - ZIP 3.1 TITLE					Change	☐ Addition	
NAME	OBENAUF, H. C.								1	Change	Addition
	STREET ADDRESS 1350 E NEWPORT CENTER DR			3.2 N/		ADDRECC					
CITY-ST-ZIP	DEERFIELD BEACH FL	JI U		3.3 STREET ADDRESS 3.4. CITY-ST-ZIP							
TITLE	S		DELETE	4.1 TI		. AR				Change	Addition
NAME	ZIROLLA, BEVERLY				4. 2 NAME				·		
STREET ADDRESS	1350 E NEWPORT CENTER	DR			4.3 STREET ADDRESS						
CITY-ST-ZIP	DEERFIELD BEACH FL			4.4 Ci	4.4 CITY-ST-ZIP						
TITLE	VTD		DELETE	5.1 Ti		<u> </u>				Change	Addition
NAME	BARRETT, WALTER B.		-	5.2 NA	ME						
STREET ADDRESS	1350 E NEWPORT CENTER	DR		5.3 \$1	REET /	ADDRESS					
CITY-ST-ZIP	DEERFIELD BEACH FL			5.4 Ci	TY-ST	- ZIP					
TITLE			DELETE	6.1 Ti	TLE					Change	Addition
NAME				6.2 N	ME						
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP	artific that the information and the	milita alai - Mila -	alaua aua - : - 115 - 1	6.4 CI	_		7:- 0		£	16 . Al	1.6
14. I nereby c	errily that the information supplied	with this filing	does not quality t	or the exe	mpt	ion stated	a in Se	ction 119.07(3)(i), Florida Statutes. [iuπner cert	ary 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.

GNATURE:

GNATURE:

(954) 429-4500