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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90156 006 ***300.00

DOCUMENT # 400941

1. Corporation Name
DEVCON CARIBBEAN PURCHASING CORP.

Principal Place of Business
1350 EAST NEWPORT CENTER DR
STE. 201
DEERFIELD BCH. FL 33442-7779

Mailing Address
1350 EAST NEWPORT CENTER DR
STE. 201
DEERFIELD BCH. FL 33442-7779

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/19/1972

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ZIROLLA, BEVERLY
1350 EAST NEWPORT CENTER DR
DEERFIELD BCH. 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

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 VD
NAME HORNSBY, RICHARD L
STREET ADDRESS 1350 EAST NEWPORT CENTER DRIVE
CITY-ST-ZIP DEERFIELD BEACH FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE PD
NAME SMITH, DONALD L
STREET ADDRESS 1350 E NEWPORT CENTER DR
CITY-ST-ZIP DEERFIELD BEACH FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE V
NAME OBENAUF, H. C.
STREET ADDRESS 1350 E NEWPORT CENTER DR
CITY-ST-ZIP DEERFIELD BEACH FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE S
NAME ZIROLLA, BEVERLY
STREET ADDRESS 1350 E NEWPORT CENTER DR
CITY-ST-ZIP DEERFIELD BEACH FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE VTD
NAME NORELID, JAN A
STREET ADDRESS 1350 E NEWPORT CENTER DR
CITY-ST-ZIP DEERFIELD BCH FL 33442

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE: *Shirley P. P. P.* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0347420

CR2E034 (11/98)