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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **587457** (3)

1. Corporation Name
DEVITO & COLEN, PROFESSIONAL ASSOCIATION

Principal Place of Business	Mailing Address
6830 CENTRAL AVE. ST. PETERSBURG FL 33707	6830 CENTRAL AVE. ST. PETERSBURG FL 33707-1208

3. Date Incorporated or Qualified: 09/25/1978
3a. Date of Last Report: 04/10/1996

2. Principal Place of Business	2a. Mailing Address
21 7243 Bryan Dairy Road	26 7243 Bryan Dairy Road
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Largo, Florida	City & State 28 Largo, Florida
Zip 24 33777 Country 25	Zip 29 33777 Country 30

4. FEI Number: 59-1850209 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
COLEN, GERALD R. 6830 CENTRAL AVE. ST. PETERSBURG, FL. 33707	81 Name: Colen, Gerald R. 82 Street Address (P.O. Box Number is Not Acceptable): 7243 Bryan Dairy Road 83 84 City: Largo FL 85 Zip Code: 33777

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD	☐ Change ☐ Addition
NAME	COLEN, GERALD R.		1.2 NAME	Colen, Gerald R.	
STREET ADDRESS	6830 CENTRAL AVE.		1.3 STREET ADDRESS	7243 Bryan Dairy Road	
CITY-ST-ZIP	ST. PETERSBURG FL		1.4 CITY-ST-ZIP	Largo, Fl 33777	
TITLE	STD	☐ DELETE	2.1 TITLE	STD	☐ Change ☐ Addition
NAME	DEVITO, JAMES A.		2.2 NAME	Devito, James A.	
STREET ADDRESS	6830 CENTRAL AVE.		2.3 STREET ADDRESS	7243 Bryan Dairy Road	
CITY-ST-ZIP	ST. PETERSBURG FL		2.4 CITY-ST-ZIP	Largo, Fl 33777	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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: [signature] 1/27/97 817-545-8114
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0375372