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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Feb 04 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

NAME

STREET ADDRESS

625934

(5)

DEVILLE CONTRACTING CORPORATION

Principal Place of Business Mailing Address										i indiin diile tiadi elilü fülük iikil	Diği Diğil Bi	BEK BIBII BIBII	BABU BIBN IBDI
2480 HAMMONDVILLE RD				2480 HAMMONDVILLE RD									
	POMPANO	BCH. FL 330	69	POMP	ANO BCH. FL 3	3069				DO NOT WOLT	- IN THUC	OD A OF	
									-	DO NOT WRITE Date Incorporated or Qualified	IN THIS	SPACE	
									3.				
2.	Principal P	lace of Busin	ness	2a. Mailing Address					4	06/01/1979 FEI Number		117	Applied For
	21			26				"	59-1922111		}+	ot Applicable	
	Sulte, Apt. #, etc.			Suite, Apt. #, etc.									Additional
22				27				5.	Certificate of Status Desired			Required	
	City & State			City & State				6.	Election Campaign Financing		\$5.00	May Be	
23				28						Trust Fund Contribution			to Fees
	Zip Country			Zip	├─ ┐				B.	This corporation owes or has pa			ntangible
24	25 29 29 29 29 29 25 25 25 25 25 25 25 25 25 25 25 25 25					30							□ No
				Hegistered /	Agent		61	Name	10.	Name and Address of New Re	gistered	Agent	· · · · · · · · · · · · · · · · · · ·
		ELL, HARC				["	Hallio					
2480 HAMMONDVILLE ROAD #3 POMPANO BEACH FL 33089				Ī	82	Street Add	dress (F	O. Box Number is Not Acceptat	ole)				
					<u> </u>	83			·				
							84	City	· · · · · · · · · · · · · · · · · · ·		85 Zip Code		
- 44	Pureuant I	to the provis	ione of Sections 607 0503	2 and 607 150	8 Florida Statu	toe the ab		named car	rnoratio	n submits this statement for the p	FL	phonoina	ita registered
1 1	office or re	egi ste ed ag m familiar wi	ent, or both, in the State	of Fjorida. Suc	ch change was on 607.0505, F	authorized lorida Statu	by ites	the corpora	ation's b	poard of directors. I hereby acce	pt the app	ointment a	s registered
SIC	ANATURE	- 10	inla X.	Do 00	256								
		Signature, typied	or printed name of registered ager				Agor	nt signature requ			DATE		
12.		BTD	OFFICERS AND	DIRECTORS		13.	_			ADDITIONS/CHANGES TO OFFIC	CERS AND		
TITL	i	PTD	HAROLD I ID		☐ DELETE	11 1111						☐ Change	Addition
	NAME BELL, HAROLD L., JR.			1.2 NAN									
-	STREET ADDRESS 2480 HAMMONDVILLE RD					1.3 STREET ADDRESS							
	-ST-ZIP		ano Be ach Fl		DELETE	1.4 CITY		- ZIP			 		
TITL	₩,												Addition
NAME BELL, SHERRY K.					2.2 NAME 2.3 STREET ADDRESS								
STREET ADDRESS 2480 HAMMONDVILLE RD							i						
CHY	'-ST•ZIP	BOLIDANO BELOVE		DELETE		_	2. 4 CITY+ST-ZIP		· -			Change	Addition
NAME				3.2 NAM							∟ urange	LL Admindit	
STREET ADDRESS												1	
CITY-ST-ZIP				3.3 STREET ADDRESS (3.4. CITY - ST - Z+P									
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	-					4. 2 NAF		I DODE GO					
	EET ADDRESS							ADDRESS					İ
TITLE	-ST-ZIP				DELETE	4.4 CITY 5.1 TITL		- ZIP	_			Change	Addition
					PECELE							Criange	
NAM	J					5.2 NAM		I I					
	ET ADDRESS							ADDRESS					
CITY	-ST-ZIP					5.4 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.

63 STREET ADDRESS

62 NAME