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FILED

Jan 27 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 844086 (9)

1. Corporation Name  
DEVON LIVERY, INC.



Principal Place of Business

WEINSTEIN, JOEL W.  
111 SKOKIE BLVD.  
WILMETTE IL 60091

Mailing Address

4126 NORLAND AVENUE  
BURNABY, B.C. CANADA V5G3S8

3. Date Incorporated or Qualified  
09/10/1979

3a. Date of Last Report  
04/25/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

4. FEI Number

36-2324677

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

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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

TITLE C ☐ DELETE

NAME WEINSTEIN, JOEL W.  
STREET ADDRESS 111 SKOKIE BLVD  
CITY-ST-ZIP WILMETTE IL

TITLE CEO ☐ DELETE

NAME CUTLER, NORMAN  
STREET ADDRESS 111 SKOKIE BLVD.  
CITY-ST-ZIP WILMETTE IL

TITLE D ☐ DELETE

NAME LOEWEN, RAYMOND L  
STREET ADDRESS 4126 NORLAND AVENUE  
CITY-ST-ZIP BURNABY, B.C. CANADA V5G3S8

TITLE ASD ☐ DELETE

NAME HYNDMAN, PETER S  
STREET ADDRESS 4126 NORLAND AVENUE  
CITY-ST-ZIP BURNABY, B.C. CANADA V5G3S8

TITLE P ☐ DELETE

NAME WEINSTEIN, ROBERT A  
STREET ADDRESS 355 W. DUNDEE ROAD  
CITY-ST-ZIP BUFFALO GROVE IL 60089-3545

TITLE ST ☐ DELETE

NAME SCHWEER, MICHAEL L  
STREET ADDRESS 800-50 EAST RIVERCENTER BLVD.  
CITY-ST-ZIP COVINGTON KY 41011

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VP ☐ Change ☒ Addition

1.2 NAME Mark Weinstein  
1.3 STREET ADDRESS 111 Skokie Blvd.  
1.4 CITY-ST-ZIP Wilmette, IL 66091

2.1 TITLE VP ☐ Change ☒ Addition

2.2 NAME Arthur Grossberg  
2.3 STREET ADDRESS 3201 N. 72nd Avenue  
2.4 CITY-ST-ZIP Hollywood, FL 33024

3.1 TITLE AS ☐ Change ☒ Addition

3.2 NAME Timothy A. Birch  
3.3 STREET ADDRESS 800-50 E. RiverCenter Blvd.  
3.4 CITY-ST-ZIP Covington, KY 41011

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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: Peter S. Hyndman  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/97  
Date

(604) 299-9321  
Daytime Phone #

0528535

CR2E034 (9/96)