

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F94000005425 (3)**

1. Corporation Name  
**DEVONRUE LTD., CORP.**



Principal Place of Business Mailing Address  
**101 FEDERAL ST., 17TH FLOOR BOSTON MA 02110**      **101 FEDERAL ST., 17TH FLOOR BOSTON MA 02110**

3. Date Incorporated or Qualified **10/18/1994**      3a. Date of Last Report **04/28/1995**  
4. FEI Number **04-2906659**      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

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 25 Country 29 Zip 30 Country

**9. Name and Address of Current Registered Agent**

**SAWDYE, ROBERT W  
2655 LEJEUNE RD., 5TH FLOOR  
CORAL GABLES FL 33134**

**10. Name and Address of New Registered Agent**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable) **1535 Sunset Drive, Suite 150**  
83  
84 City **Coral Gables** FL 85 Zip Code **33143**

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 the filer, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PDC</b> <input type="checkbox"/> DELETE	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MALONEY, STEPHEN</b>	12 NAME	
STREET ADDRESS	<b>116 HIGH ST.</b>	13 STREET ADDRESS	
CITY-ST-ZIP	<b>HINGHAM MA 02043</b>	14 CITY-ST-ZIP	
TITLE	<b>STDV</b> <input type="checkbox"/> DELETE	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AZUOLAITIS, MARIE</b>	22 NAME	
STREET ADDRESS	<b>116 HIGH ST.</b>	23 STREET ADDRESS	
CITY-ST-ZIP	<b>HINGHAM MA</b>	24 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EPSTEIN, HAROLD E</b>	32 NAME	
STREET ADDRESS	<b>19 GARDEN RD.</b>	33 STREET ADDRESS	
CITY-ST-ZIP	<b>MARBLEHEAD MA</b>	34 CITY-ST-ZIP	
TITLE	<b>DV</b> <input type="checkbox"/> DELETE	4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SAWDYE, ROBERT W</b>	42 NAME	
STREET ADDRESS	<b>15445 SW 78TH PLACE</b>	43 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, unchanged, or on an attachment with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/96

617-261-2413

Date Daytime Phone #

CR2E034 (12/95)