

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

FILED
May 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000006116 (5)**

1. Corporation Name

~~EVEREST FINANCIAL SOLUTIONS, INC.~~
DEVISERS, INC.

Principal Place of Business

**418 WEST PLATT STREET, STE B
TAMPA FL 33606**

Mailing Address

**418 WEST PLATT STREET, STE B
TAMPA FL 33606**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 2516 W. KENNEDY BLVD.		26 2516 W. KENNEDY BLVD.		10/31/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0624453	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 TAMPA, FL		28 TAMPA, FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 33609		29 33609		Country	
25 USA		30 USA		9. Name and Address of Current Registered Agent	
g. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
HANAY, R. REID 101 EAST KENNEDY BLVD., STE 4100 TAMPA FL 33602		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	PSTD <input type="checkbox"/> DELETE	1.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABELES, BRIAN	1.2 NAME	
STREET ADDRESS	418 WEST PLATT STREET, STE B	1.3 STREET ADDRESS	2516 W. KENNEDY BLVD.
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	TAMPA, FL 33609
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	CD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	TREVOR G. SMITH
STREET ADDRESS		2.3 STREET ADDRESS	2516 W. KENNEDY BLVD.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	TAMPA, FL 33609
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	JAMES J. WATERS
STREET ADDRESS		3.3 STREET ADDRESS	2516 W. KENNEDY BLVD.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	TAMPA, FL 33609
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	STANLEY E. SKARDA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	DT
STREET ADDRESS		4.3 STREET ADDRESS	2516 W. KENNEDY BLVD.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	TAMPA, FL 33609
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE:

Stanley E. Skarda

STANLEY E. SKARDA

4-23-98

(813) 871-5302

CR2E034 (10/97)