

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90122 033 ***300.00

DOCUMENT # F96000006116

1. Corporation Name
DEVISERS, INC.

Principal Place of Business
2516 W KENNEDY BLVD
TAMPA FL 33609
US

Mailing Address
2516 W KENNEDY BLVD
TAMPA FL 33609
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/31/1996

4. FEI Number
65-0624453

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 2516 W. KENNEDY BLVD
Suite, Apt. #, etc.

26 2516 W. KENNEDY BLVD
Suite, Apt. #, etc.

22 City & State
23 TAMPA, FL

27 City & State
28 TAMPA, FL

24 Zip 33609 25 Country USA

29 Zip 33609 30 Country USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HANEY, 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 DP
NAME ABELES, BRIAN
STREET ADDRESS 2516 W KENNEDY BLVD
CITY-ST-ZIP TAMPA FL 33609

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE CD
NAME SMITH, T G
STREET ADDRESS 2516 2 KENNEDY BLVD
CITY-ST-ZIP TAMPA FL 33609

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D
NAME WATERS, J J
STREET ADDRESS 2516 W KENNEDY BLVD
CITY-ST-ZIP TAMPA FL 33609

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DT
NAME SKARDA, S E
STREET ADDRESS 2516 W KENNEDY BLVD
CITY-ST-ZIP TAMPA FL 33609

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99 (813) 871-5302
Date Daytime Phone #

CR2E034 (11/98)