

5-14-98 B 7315 C
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # F96000006713 (9)

1. Corporation Name

DEVRX CORPORATION

Principal Place of Business

4767 VIA PALM LAKE #209
WEST PALM BEACH FL 33417

Mailing Address

4767 VIA PALM LAKE #209
WEST PALM BEACH FL 33417

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/23/1996

4. FEI Number

65-0707880

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 5160 Fox Hall DR. S.

Suite, Apt. #, etc.

22

City & State

23 WEST PALM BCH, FL

Zip

24 33417

Country

25 Palm Bch

2a. Mailing Address

26 PO BOX 220862

Suite, Apt. #, etc.

27

City & State

28 WEST PALM BCH, FL

Zip

29 33422

Country

30 Palm Bch

9. Name and Address of Current Registered Agent

MCCALLISTER, MATTHEW S
4767 VIA PALM LAKE #209
WEST PALM BEACH FL 33417

10. Name and Address of New Registered Agent

81

Name

McCallister, Matthew S.

82

Street Address (P.O. Box Number is Not Acceptable)

5160 Fox Hall Drive S.

83

84

City

WEST Palm Bch

FL

85

Zip Code

33417

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

Matthew S. McCallister

(NOTE: Registered Agent signature required when reinstating)

4/6/98

DATE

12. OFFICERS AND DIRECTORS

TITLE C ☐ DELETE

NAME BRADFORD, H. ALEX
STREET ADDRESS 221 RIVER DR.
CITY-ST-ZIP TEQUESTA FL 33469

TITLE DP ☐ DELETE

NAME MCCALLISTER, J. DAVID DR.
STREET ADDRESS 8254 BOB-O-LINK DR.
CITY-ST-ZIP WEST PALM BEACH FL 33412

TITLE DST ☐ DELETE

NAME MCCALLISTER, MATTHEW S
STREET ADDRESS 4767 VIA PALM LAKE #209
CITY-ST-ZIP WEST PALM BEACH FL 33417

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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 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

Matthew S. McCallister

4/6/98

5160 Fox Hall Drive S.

CR2E034 (10/97)