

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

|                                      |                                                                                   |                                                                                                   |
|--------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| CORPORATION<br>ANNUAL REPORT<br>1995 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Morham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
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FILED  
95 JAN 25 PM 3:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # J63347 (5)  
1. Corporation Name  
DEVCOM, INC.

|                                                                                                              |                                                                                                  |
|--------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| Principal Place of Business<br>% RANDEE S. SCHATZ<br>220 SUNRISE AVE., SUITE 203<br>PALM BEACH FL 33480-3803 | Mailing Address<br>% RANDEE S. SCHATZ<br>220 SUNRISE AVE., SUITE 203<br>PALM BEACH FL 33480-3803 |
|--------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|

|                                                                                                     |                                                                                          |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>25 Suite, Apt. #, etc.<br>26 City & State<br>27 Zip<br>28 Country |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|

DO NOT WRITE IN THIS SPACE.

|                                                                                                                                                             |                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 3. Date Incorporated or Qualified<br>03/17/1987                                                                                                             | 3a. Date of Last Report<br>04/27/1994 |
| 4. FEI Number<br>34-1557493                                                                                                                                 | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired<br><input checked="" type="checkbox"/> \$8.75 Additional Fee Required                                                      |                                       |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees                                              |                                       |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                       |

9. Name and Address of Current Registered Agent  
SCHATZ, RANDEE S.  
220 SUNRISE AVE., SUITE 203- SUITE # 209  
PALM BEACH FL 33480

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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 reappointing) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS                         |                                                                      | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12              |                                                                   |
|----------------------------------------------------|----------------------------------------------------------------------|--------------------------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>WARZLOW, WILLIAM J.<br>2910 OXBOW RD<br>RICHFIELD OH            | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | S<br>MECKLENBURG, AUDREY W.<br>1612 SOM CENTER RD<br>MAYFIELD HTS OH | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                      | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                      | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                      | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                      | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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)(b), 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 (changed, or on an attachment with an address).

SIGNATURE: Audrey Mecklenburg 1/20/95 216 696 5557  
AUDREY MECKLENBURG Date