

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K04448

(2)

1. Corporation Name:
D V E, INC.



Principal Place of Business

P O BOX 219
LAND O' LAKES FL 34639-7219

Mailing Address

P O BOX 219
LAND O' LAKES FL 34639-7219

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

9. Name and Address of Current Registered Agent

BRANNON, ANITA C.
608 W. HORATIO ST.
TAMPA FL 33606

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified
11/30/1987

3a. Date of Last Report
02/02/1995

4. FLE Number
59-2861317

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

10. Name and Address of New Registered Agent

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 607.1608, 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 607.0509, Florida Statutes.

SIGNATURE

Signature typed or printed name of the individual agent or director

Signature typed or printed name of the corporation or other entity

DATE

12. OFFICERS AND DIRECTORS

TITLE

PST

NAME

DEL VALLE, ROBERT.

STREET ADDRESS

3143 LAKE PADGETT DR.

CITY-STATE-ZIP

LAND O'LAKES FL

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE

☐ Change ☐ Addition

12. NAME

13. STREET ADDRESS

14. CITY-STATE-ZIP

☐ Change ☐ Addition

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

☐ Change ☐ Addition

31. TITLE

32. NAME

33. STREET ADDRESS

34. CITY-STATE-ZIP

☐ Change ☐ Addition

41. TITLE

42. NAME

43. STREET ADDRESS

44. CITY-STATE-ZIP

☐ Change ☐ Addition

51. TITLE

52. NAME

53. STREET ADDRESS

54. CITY-STATE-ZIP

☐ Change ☐ Addition

61. TITLE

62. NAME

63. STREET ADDRESS

64. CITY-STATE-ZIP

☐ Change ☐ 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)(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 registered 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: Robert Del Valle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-96

352-7995661
Filing in Practice B

CR2E034 (12/95)