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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STAT

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # KO

1998

K04448

(2)

D V E, INC.

Principal Place of Business

P O BOX 219

Mailing Address

P O BOX 219

LAND O' LAKES FL 34639-7219

FILED Jan 29 1998 8:00am Secretary of State



| 3. Date Incorporated or Qualified 11/30/1987 2. Principal Place of Business 2. Mailing Address 2. A Mailing Address 2. A Mailing Address 3. Date Incorporated or Qualified 11/30/1987 4. FEI Number 59-2861317 Not Applied F Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required Trust Fund Contribution Added to Fees Zip Country Zip Country Zip Country Zip Country ABANNON, ANITA C. 608 W. HORATIO ST. TAMPA FL 33606 3. Date Incorporated or Qualified 11/30/1987 4. FEI Number 59-2861317 Not Applied F Set. Not Status Desired Fee Required Footnetion owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent BRANNON, ANITA C. 608 W. HORATIO ST. TAMPA FL 33606 | al |
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| 2. Principal Place of Business 2. Mailing Address 2. Mailing Address 2. Applied F 2. Suite, Apt. #, etc. 3. Certificate of Status Desired Status Desired Fee Required Fee Requ | al |
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| 5. Certificate of Status Desired Fee Required City & State City & State City & State Country Zip Country Zip Country Zip Country Zip Resonal Property Tax due June 30. Yes No 9. Name and Address of Current Registered Agent BRANNON, ANITA C. 608 W. HORATIO ST. TAMPA FL 33606 5. Certificate of Status Desired Fee Required Fee Requ | • |
| City & State 23 16 12 05 14 14 14 15 16 16 16 16 16 16 16 16 16 16 16 16 16 | |
| Zip Country Zip Country 3. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No. 9. Name and Address of Current Registered Agent BRANNON, ANITA C. 608 W. HORATIO ST. TAMPA FL 33606 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No. 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) | |
| 24 3 4 6 0 9 25 Hernando 29 3 4 6 0 9 30 Hernando Personal Property Tax due June 30. Yes No 9. Name and Address of Current Registered Agent BRANNON, ANITA C. 608 W. HORATIO ST. TAMPA FL 33606 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Ref. City | |
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| TAMPA FL 33606 83 84 City 85 Zin Code | |
| 83 RS City RS Zin Code | |
| 86 City 85 Zin Code | |
| 84 City 85 Zip Code | |
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| 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 regis | ered |
| 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 regist 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 registed agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. | ed |
| 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 1: | |
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| NAME DEL VALLE, ROBERT. 1.2 NAME | ŀ |
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| STREET ADDRESS 3143 LAKE PADGETT DR. CITY-ST-ZIP LAND O'LAKES FL 1.3 STREET ADDRESS 3431 SATURURD 1.4 CITY-ST-ZIP BROOKS ULLIE FL 34609 | |
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14. Thereby 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: Robert IGN/ITO/ATIPEOPHIA

1-23-98 352-799-6081

CR2E034 (10/97)