

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K88301

(2)

1. Corporation Name

DEVCO ASSOCIATES, INC.

Principal Place of Business

6760 LANANA RD.
LAKE WORTH FL 33414

Mailing Address

12788 W. FOREST HILL BLVD.
STE. #2005
WELLINGTON FL 33414
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/16/1989		3a. Date of Last Report 04/26/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FET Number 65-0122873		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

SPILLANE, J.P., CPA
12788 W. FOREST HILL BLVD., SUITE 2005
WELLINGTON FL 33414

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 607.1508, 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 any change

(If the Registered Agent of signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	1.1 TITLE	DPST
NAME	DEVLIN, WILLIAM C.	1.2 NAME	
STREET ADDRESS	786 WINDFLOWER COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	WELLINGTON FL 33414	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	DVP
NAME		2.2 NAME	Devlin, Stephanie
STREET ADDRESS		2.3 STREET ADDRESS	786 WINDFLOWER CT.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Wellington, FL 33414
TITLE		3.1 TITLE	DVP
NAME		3.2 NAME	Devlin, Nicole
STREET ADDRESS		3.3 STREET ADDRESS	786 WINDFLOWER CT.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Wellington, FL 33414
TITLE		4.1 TITLE	DVP
NAME		4.2 NAME	Devlin, Esther
STREET ADDRESS		4.3 STREET ADDRESS	786 WINDFLOWER CT.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Wellington, FL 33414
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William C. Devlin, Pres. 4/10/96 407/433-9451.

Date

Daytime Phone #

CR2E034 (12/95)