

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
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**

3. Date Incorporated or Qualified: **05/16/1989**
3a. Date of Last Report: **04/26/1995**
4. FET Number: **65-0122873**
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

2. Principal Place of Business (21-24)
2a. Mailing Address (25-30)

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

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 date of signature)
DATE: _____ (Date Registered Agent signature required when registering)

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	1.1 TITLE	DPS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: **William C. Devlin, Pres. 4/10/96 407/433-9451.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)