

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K90499

(0)

1. Corporation Name

DEVIN VENTURES, INC.

Principal Place of Business

5700 MEMORIAL HWY., #208
TAMPA FL 33615

Mailing Address

5700 MEMORIAL HWY., #208
TAMPA FL 33615



2. Principal Place of Business

21 Suite Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite Apt. #, etc.

27 City & State

28 Zip Country

29 30

g. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES, INC.
1201 HAYES STREET
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

05/24/1989

3a. Date of Last Report

02/22/1995

4. FEI Number

59-2966928

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

11. Pursuant to the provisions of Sections 607.0507 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 of Registered Agent (Print Name, Title, and Address)

Signature of Agent (Print Name, Title, and Address)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
DEVIN, ILEANA
STREET ADDRESS
5700 MEMORIAL HWY, S208
CITY-STATE-ZIP
TAMPA FL

TITLE ☐ DELETE

NAME
DEVIN, JEFF
STREET ADDRESS
5700 MEMORIAL HWY, SUITE 208
CITY-STATE-ZIP
TAMPA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

14. TITLE

15. NAME

16. STREET ADDRESS

17. CITY-STATE-ZIP

18. TITLE

19. NAME

20. STREET ADDRESS

21. CITY-STATE-ZIP

22. TITLE

23. NAME

24. STREET ADDRESS

25. CITY-STATE-ZIP

26. TITLE

27. NAME

28. STREET ADDRESS

29. CITY-STATE-ZIP

30. TITLE

31. NAME

32. STREET ADDRESS

33. CITY-STATE-ZIP

34. TITLE

35. NAME

36. STREET ADDRESS

37. CITY-STATE-ZIP

38. TITLE

39. NAME

40. STREET ADDRESS

41. CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is complete, true 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 filing is correct 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 or changes, or on a statement with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-96

813-886-4887

CR2E034 (12/95)