## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT

officer or director of the corpo Block 12 or Block 13 if chang

Feb 09 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # K99040 (3)DEVIER HOLDINGS, INC. Principal Place of Business Mailing Address **% Sheffey L Devier**. III % SHEFFEY L DEVIER. III 881 SW 49TH TER 881 SW 49TH TER PLANTATION FL \$3317 PLANTATION FL 33317 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/29/1989 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0130919 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 81 DEVIER, SHEFFEY L., III. 881 SW 49TH TER 82 Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33317** 83 84 Zip Code 85 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 title if applicable (NOTE: Hog stered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 11 TITLE Change Addition DEVIER, SHEFFEY L., III NAME 12 NAME STREET ADDRESS 881 SW 49TH TER 1.3 STREET ADDRESS PLANTATION FL CITY-ST-ZIP 1.4 CITY - ST - ZIP TITLE DST DELETE 2.1 TITLE Change Addition **GLASS, STEPHANIE** NAME 2.2 NAME 2402 SPARROW DR STREET ADDRESS 2.3 STREET ADDRESS ROUND ROCK TX CITY-ST-ZIP 2 4 CHY-SI-ZIP TITLE DELETE 3 1 TITLE Change Addition DEVIER, TOM WILLIS NAME 3.2 NAME **4212 MCKINLEY ST** STREET ADDRESS 3.3 STREET ADDRESS HOLLYWOOD FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-S1-ZIP TITLE DELETE 5.1 TITLE Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 of supplemental annual phorts 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 of used impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

FLORIDA DEPARTMENT OF STATE

**FILED**