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CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L51347

J.G. DEVINE ENT., INC.

FILED Jan 27 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 2175 SR 04 P.O. BOX 21712 FT. LAUDERDALE FL 33335-1712 *FT. LAUDERDALE FL-99912 DO NOT WRITE IN THIS SPACE LIS 3. Date Incorporated or Qualified 02/15/1990 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For <u> 3970 SW</u> 26 65-0170740 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Zip. Country 8. This corporation owes or has paid the current year Intangible Yes □ Ño 29 30 Personal Property Tax due June 30. of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DEVINE, JOSEPH 2175 SR-84-> ress (P.O. Box Number is Not Acceptable) FT. LAUDERDALE FL 83312 83 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: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Change TITLE DELETE 1.1 TITLE Addition DEVINE, JOSEPH NAME 1.2 NAME 2970 5 W ZNO AVE. ET-LAUDEPDALE, FL 833 2175 SR-84-STREET ADDRESS 1.3 STREET ADDRESS FT-LAUDERDALE-FL-1.4 CITY - ST-ZIP CITY - ST - ZiP DELETE TITLE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE 3.1 TITLE Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST- ZIP 6.4 CITY - ST - ZIP

14. I hereby 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 an attachment with an address.

SIGNATURE:

-16-98