

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000039877 (4)**

1. Corporation Name
DEVCO OF CENTRAL FLORIDA, INC.



Principal Place of Business: 3300 S. HIAWASSEE ROAD STE 107 ORLANDO FL 32835 US
Mailing Address: 3300 S. HIAWASSEE ROAD STE 107 ORLANDO FL 32835 US

3. Date Incorporated or Qualified: **06/01/1993**
3a. Date of Last Report: **08/09/1995**

2. Principal Place of Business (21-24):
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country

4. FEI Number: **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

9. Name and Address of Current Registered Agent
**WILLIAMS & AIRTH, P.A.
28 WEST CENTRAL BLVD.
ORLANDO FL 32801**

10. Name and Address of New Registered Agent (81-85):
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS
TITLE: _____
NAME: **DPS WILLIAMS, WARREN E**
STREET ADDRESS: **28 WEST CENTRAL BLVD.**
CITY-ST-ZIP: **ORLANDO FL**
[Repeat for other officers]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE: _____
1.2 NAME: _____
1.3 STREET ADDRESS: _____
1.4 CITY-ST-ZIP: _____
[Repeat for other additions]

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 in an attachment with an address.

SIGNATURE: _____ (Signature and typed or printed name of signing officer or director)
Date: **1-31-96 (407) 297-1600** Daytime Phone #

CR2E034 (12/95)