

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0015694

PROFIT CORPORATION ANNUAL REPORT 1998



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

FILED

98 OCT 14 PM 3:26

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



DOCUMENT # P93000047472 (4)  
 1. Corporation Name

DEVAN INC.

Principal Place of Business  
 4401 VINELAND ROAD  
 SUITE A3A  
 ORLANDO FL 32811

Mailing Address  
 4105 FAIRVIEW VISTA PT.  
 UNIT 121  
 ORLANDO FL 32804

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

06/07/1993

4. FEI Number

59-3195365

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fec Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

Yes No

9. Name and Address of Current Registered Agent

DEVANGUARDIA, NINA  
 4105 FAIRVIEW VISTA PT.  
 UNIT #121  
 ORLANDO FL 32804

10. Name and Address of New Registered Agent

81 Name

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

83 300002665643--6

-10/16/98--01078--016

84 City

\*\*\*750.00 \*\*\*750.00

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP  
 NAME DEVANGUARDIA, NINA  
 STREET ADDRESS 4401 VINELAND ROAD STE A3A  
 CITY-ST-ZIP ORLANDO FL 32811

DELETE

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

DELETE

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

DELETE

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

DELETE

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

DELETE

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME  Change  Addition

1.3 STREET ADDRESS  Change  Addition

1.4 CITY-ST-ZIP  Change  Addition

2.1 TITLE  Change  Addition

2.2 NAME  Change  Addition

2.3 STREET ADDRESS  Change  Addition

2.4 CITY-ST-ZIP  Change  Addition

3.1 TITLE  Change  Addition

3.2 NAME  Change  Addition

3.3 STREET ADDRESS  Change  Addition

3.4 CITY-ST-ZIP  Change  Addition

4.1 TITLE  Change  Addition

4.2 NAME  Change  Addition

4.3 STREET ADDRESS  Change  Addition

4.4 CITY-ST-ZIP  Change  Addition

5.1 TITLE  Change  Addition

5.2 NAME  Change  Addition

5.3 STREET ADDRESS  Change  Addition

5.4 CITY-ST-ZIP  Change  Addition

6.1 TITLE  Change  Addition

6.2 NAME  Change  Addition

6.3 STREET ADDRESS  Change  Addition

6.4 CITY-ST-ZIP  Change  Addition

B. 10/15 98 AR

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 on an attachment with an address.

SIGNATURE: *[Signature]*

CR2E034 (5/98)