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Apr 30, 1999 8:00 am  
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000047472

1. Corporation Name  
DEVAN INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 4401 VINELAND ROAD SUITE A3A ORLANDO FL 32811  
Mailing Address: 4105 FAIRVIEW VISTA PT. UNIT 121 ORLANDO FL 32804

3. Date Incorporated or Qualified  
06/07/1993

2. Principal Place of Business: 4105 FAIRVIEW VISTA PT  
2a. Mailing Address: 4105 FAIRVIEW VISTA PT  
21. Suite, Apt. #, etc.: UNIT 121

4. FEI Number: 59-3195365  
Applied For: Not Applicable

22. City & State: ORLANDO FL

5. Certificate of Status Desired: \$8.75 Additional Fee Required

23. Zip: 32804 Country: USA

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

24. Zip: 32804 25. Country: USA

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

DEVANDUARDIA, 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  
84 City FL 85 Zip Code

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE: DP  
1.2 NAME: DEVANGUARDIA NINA  
1.3 STREET ADDRESS: 4105 FAIRVIEW VISTA PT UNIT #121  
1.4 CITY-ST-ZIP: ORLANDO FL 32804

TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:

2.1 TITLE: 2.2 NAME: 2.3 STREET ADDRESS: 2.4 CITY-ST-ZIP:

TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:

3.1 TITLE: 3.2 NAME: 3.3 STREET ADDRESS: 3.4 CITY-ST-ZIP:

TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:

4.1 TITLE: 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY-ST-ZIP:

TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:

5.1 TITLE: 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP:

TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:

6.1 TITLE: 6.2 NAME: 6.3 STREET ADDRESS: 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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99 (407) 521-9931  
Date Daytime Phone #

CR2E034 (11/98)