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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P9400000672 (3)

JOHN W. DEVINE, P.A.

Principal	Place	of Busi	ness
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200 SOUTH BISCAYNE BLVD.

Mailing Address

200 SOUTH BISCAYNE BLVD.

FILED May 01 1998 8:00am Secretary of State



SUITE 4000 MIAMI FL 33131-2	396	SUITE 4000 MIAMI FL 33131-2398	. •	DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualified	
				01/01/1994	
2. Principal Place	of Business	2a. Mailing Address	Q	4. FEI Number	Applied For
21	*	26 1717 South	DONE DUA	<u>65-0463704</u>	Not Applicable
Sulte, Apt. #, e	ic.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	ماد بشر ماد	6. Election Campaign Financing	\$5.00 May Be
23			ove, Florida		Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the cur	
24	25 Name and Address of Curre		30	Personal Property Tax due June 30. 10. Name and Address of New Registered	Yes No
	E, JOHN W	THE TOPICOTOD AND IT	81 Name		Ayont
	BUTH BISCAYNE BLVD.		•	John W. Devine	
SUITE			82 Street Add	dress (P.O. Box Number is Not Acceptable)	Selvice .
	FL 33131-2398		83	717 South boyshore L	27.176
MARSHAIL I	F E 00101-2080				
			84 City	anut Grave FL	85 Zip Code
11. Pursuant to th	e provisions of Sections 607.050	02 and 607.1508, Florida Statutes	s, the above-named cor	poration submits this statement for the purpose of	changing its registered
office or regis	itered agent, or both, in the State imiliar with ∡ind accept the∩blin	e of Florida, Such change was au valions of Section 607 0505, Flori	thorized by the corpora	ation's board of directors. I hereby accept the app	ointment as registered
SIGNATURE	_ (Oliver) Marie	n O	da otatatos.	anil 2	4, 1998
	nuré, typed on inkid name of régistéred ag	oni and title il applii able (NOTE.	Registered Agent signature requ	ured when reinstating) DATE	11 11 1 L
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND	
TITLE C		☐ DELETE	1.1 TITLE	D	K Change Addition
	DEVINE, JOHN W		1.2 NAME	the way Devine	de la
	00 S. BISCAYNE BLVD., SU	ITE 4000	1.3 STREET ADDRESS	ohn w. Devine 717 South Boyshore Dr occount Grove, Florida	
	MAMI FL 33131-2398	- Octobr		oconut Grove, Florida	33153
TITLE		DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	2. 4 CITY - ST - ZIP		Change Addition
NAME		□ necest	3.1 TITLE		Change Addition
STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS		
CITY-ST-ZIP					
TITLE		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		☐ Change ☐ Addition
NAME		<u> </u>	4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			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		ŀ
STREET ADDRESS			6.3 STREET ADDRESS		
City-St-7#P			6.4 CITY - SY - 71P		

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.