


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

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Apr 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <i>P94000043392</i>			
1. Corporation Name <i>PMI-Devco Management</i>			
Principal Place of Business <i>4000 N. STATE ROAD SEVEN, SUITE 301</i> <i>LAUDERDALE LAKES, FL 33319</i>		Mailing Address <i>4000 N. STATE ROAD SEVEN, SUITE 301</i> <i>LAUDERDALE LAKES, FL 33319</i>	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	
3. Date Incorporated or Qualified <i>6/6/87</i>		3a. Date of Last Report <i>1996</i>	
4. FEI Number <i>65-0500504</i>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent <i>Dwain B. Dorsey</i> <i>10884 NW 21 ST</i> <i>COVING SPRINGS, FL 33371</i>		10. Name and Address of New Registered Agent 81 Name <i>MICHAEL GROSSMAN</i> 82 Street Address (P.O. Box Number is Not Acceptable) <i>4000 N. STATE RD 7, SUITE 301</i> 83 84 City <i>LAUDERDALE LAKES</i> 85 Zip Code <i>FL 33319</i>	
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 <i>X [Signature]</i> DATE <i>(954) 735-4000</i>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <i>President, Secretary</i> <input checked="" type="checkbox"/> DELETE 1.2 NAME <i>Dwain B. Dorsey</i> 1.3 STREET ADDRESS <i>10884 NW 21 ST</i> 1.4 CITY-ST-ZIP <i>COVING SPRINGS FL 33371</i> 2.1 TITLE <i>Vice President</i> <input checked="" type="checkbox"/> DELETE 2.2 NAME <i>ALLAN SUBARMIN</i> 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> DELETE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> DELETE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> DELETE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> DELETE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		1.1 TITLE <i>PRESIDENT, SECRETARY</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME <i>MICHAEL GROSSMAN</i> 1.3 STREET ADDRESS <i>4000 N. STATE RD 7, SUITE 301</i> 1.4 CITY-ST-ZIP <i>LAUDERDALE LAKES, FL 33319</i> 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 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 in an attachment with an address.		200002144422 -04/16/97--01004--027 ***165.00	
SIGNATURE: <i>X [Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/16/97 (954) 735-4000 Date Daytime Phone #	

CR2E034 (9/96)