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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000018730 (8)** 

DEVRY E. DEWAN, INC.

Principal Place of Business

7008 ATLANTIC BLVD. JACKSONVILLE FL 32211 Mailing Address

7006 ATLANTIC BLVD. JACKSONVILLE FL 32211-8706

## FILED Apr 30 1997 8:00am Secretary of State



|                                |  |   | ***                        |                                       |                        | •           |                              |                                 |   |             |                               |                             |  |
|--------------------------------|--|---|----------------------------|---------------------------------------|------------------------|-------------|------------------------------|---------------------------------|---|-------------|-------------------------------|-----------------------------|--|
|                                |  |   |                            |                                       |                        |             |                              |                                 | <ol> <li>Date Incorporated or Qualified<br/>03/06/1995</li> </ol>             | 1           | e of Last H<br><b>25/1996</b> | •                           |  |
| 2. Principal Place of Business |  |   |                            | 2a. Mailing Address                   |                        |             |                              |                                 | 4. FEI Number   |             | Ap                            | oplied For                  |  |
| 21                             |  |   | 26                         | · 4                                   |                        |             |                              |                                 | 59-3300438  |             | No                            | ot Applicable               |  |
| Suite, Apt. #, etc.            |  |   |                            | Suite, Apt. #, etc.                   |                        |             |                              | 1                               | 5. Certificate of Status Desired  |             |                               | Additional                  |  |
| 22                             |  | 27  | - + - <del></del>          |                                       |                        |             |                              | G Certificate of States Desired | <b>-</b>  | Fee Re      | equired                       |                             |  |
| City & State                   | е  |   | City & State               |                                       |                        |             |                              | 6. Election Campaign Financing  | _   | \$5.00      | May Be                        |                             |  |
| 23                             |  |   | 28                         |                                       | т                      |             |                              |                                 | Trust Fund Contribution   | <u> </u>    | Added                         | to Fees                     |  |
| Zip                            | Country  |   | - 1 Z                      | ⊢ 1 ` <b>├</b> ∵יז                    |                        | Country     | untry                        |                                 | <ol><li>This corporation has liability for it</li></ol>                       |             |                               | . 199.032,                  |  |
| 24                             |  | 25  | [29]                       |                                       | 30                     |             |                              |                                 |   |             | No                            |                             |  |
|                                |  | and Address of Curre                                | nt Registe                 | rea Agent                             |                        | 81          | T Nesse                      | 1                               | 0. Name and Address of New Re   | gistered A  | gent                          |                             |  |
| DEWAN, DEVERY E                |  |   |                            |                                       |                        | ٥,          | Name                         |                                 |   |             |                               |                             |  |
| 7006 ATLANTIC BLVD.            |  |   |                            |                                       |                        | 82          | Street A                     | Address                         | (P.O. Box Number is Not Acceptab  | le)         |                               |                             |  |
| JACKSONVILLE FL 32211          |  |   |                            |                                       |                        |             |                              |                                 |   |             |                               |                             |  |
|                                |  |   |                            |                                       |                        | 83          |                              |                                 |   |             |                               |                             |  |
|                                |  |   |                            |                                       |                        | 84          | City                         |                                 | MATERIAN V V BRI MANAGEMENTA  | FI          | <b>85</b> Zip                 | Code                        |  |
| 11. Pursuant l                 | to the provisi<br>egistered ag   | ons of Sections 607.05<br>ent or both, in the State | 02 and 607<br>e of Florida | / 1508, Florida Sta<br>Such change wa | lules, th<br>is author | e abov      | I<br>e-named o<br>/ the corp | corporat                        | tion submits this statement for the p<br>s board of directors. I hereby accep | urpose of o | hanging it<br>intment as      | ts registered<br>registered |  |
| SIGNATURE                      | 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, it am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE |   |                            |                                       |                        |             |                              |                                 |   |             |                               |                             |  |
| DIGITATORE                     | Signature, typed   | or printed name of registered as                    | pont and tile dia          | applicative (N                        | ∤OH Bego               | stored Ago  | nt Signature r               | required wh                     | hen revistating)  | DATE        |                               |                             |  |
| 12.                            |  | OFFICERS AN   | ND DIRECT                  |                                       |                        | 18.         |                              |                                 | ADDITIONS/CHANGES TO OFFIC  |             |                               | RS IN 12                    |  |
| TITLE                          | D  | -   |                            | ☐ DELETE                              | 1                      | .1 TOLE     | +                            |                                 |   | [           | Change                        | Addition                    |  |
| NAME                           |  | DEVERY E  |                            |                                       | 1                      | .2 NAME     |                              |                                 |   |             |                               |                             |  |
| STREET ADDRESS                 |  | LANTIC BLVD.  |                            |                                       | 1                      | .3 \$1REFT  | ADDRESS                      |                                 |   |             |                               |                             |  |
| CITY-ST-ZIP                    | JACKSC   | NVILLE FL 32211                                     |                            |                                       | 1                      | .4 CITY - S | T - 7IP                      |                                 |   |             |                               |                             |  |
| TITLE                          |  |   |                            | ☐ DELE1E                              | 2                      | 1 TITLE     |                              |                                 |   |             | Change                        | ☐ Addition                  |  |
| NAME                           |  |   |                            |                                       | 2                      | .2 NAME     | İ                            |                                 |   |             |                               |                             |  |
| STREET ADDRESS                 |  |   |                            |                                       | 2                      | L3 STREET   | ACORESS                      |                                 |   |             |                               |                             |  |
| CITY-ST-ZIP                    |  |   |                            |                                       | 2                      | 4 CITY-     | S1 - 71P                     |                                 |   |             |                               |                             |  |
| TITLE                          |  |   |                            | ☐ DEL€1E                              | 3                      | 1.1 TITLE   |                              |                                 |   |             | Change                        | Addition                    |  |
| NAME                           |  |   |                            |                                       | 3                      | 2 NAME      |                              |                                 |   | ٠*.         |                               |                             |  |
| STREET ADDRESS                 |  |   |                            |                                       | 3                      | L3 STREET   | AUDRESS                      |                                 |   |             |                               |                             |  |
| CITY-ST-ZIP                    |  |   |                            |                                       | 3                      | 4. CITY-:   | S1 - 71P                     |                                 |   |             |                               |                             |  |
| TITLE                          |  |   |                            | ☐ DELETE                              | 4                      | 1 THLE      | Ī                            |                                 |   |             | Change                        | Addition                    |  |
| NAME                           |  |   |                            |                                       | 4                      | 2 NAME      |                              |                                 |   |             |                               |                             |  |
| STREET ADDRESS                 |  |   |                            |                                       | 4                      | 3 STREET    | ADDRESS                      |                                 |   |             |                               |                             |  |
| CITY-ST-ZIP                    | · · · • • · · · · · · · · · · · · · · ·  |   |                            |                                       | 4                      | 4 CITY-S    | 1- <b>2</b> IP               |                                 |   |             |                               |                             |  |
| TITLE                          |  |   |                            | DELETE                                | 5                      | 1 1111.6    |                              |                                 |   | [           | Change                        | Addition                    |  |
| NAME                           |  |   |                            |                                       | 5                      | 2 NAME      |                              |                                 |   |             |                               |                             |  |
| STREET ADDRESS                 |  |   |                            |                                       | 5                      | 3 STREFT    | ADDRESS                      |                                 |   |             |                               |                             |  |
| CITY-ST-ZIP                    |  |   |                            |                                       | 5                      | 4 C·TY-S    | 3 - 2IP                      |                                 |   |             |                               |                             |  |
| TITLE                          |  |   |                            | DELETE                                |                        | 1 1111.     |                              | ·                               |   | I           | Change                        | Addition                    |  |
| NAME                           |  |   |                            |                                       | 6                      | .2 NAME     |                              |                                 |   |             |                               |                             |  |
| STREET ADDRESS                 |  |   |                            |                                       | 1                      |             | ADDRESS                      |                                 |   |             |                               |                             |  |
| CITY-ST-ZIP                    |  |   |                            |                                       |                        | 4 DITY-S    |                              |                                 |   |             |                               |                             |  |
| VIII VI LII                    |  |   | . ,                        |                                       |                        | .∃ U⊓11*3   | 11 /11                       | L                               |   |             |                               |                             |  |

• I do 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 eath; 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.

CIGNATUDE:

Deven Drug

Para 41

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