

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLOUIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000036810 (6)**

1. Corporation Name

DEVICORP SERVICES, INCORPORATED



Principal Place of Business

Mailing Address

2601 S BAYSHORE DR
SUITE 600
MIAMI FL 33133

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SUITE 600
MIAMI FL 33133

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

9. Name and Address of Current Registered Agent

H K E S & F REGISTERED AGENT CORP.
2601 S BAYSHORE DR
SUITE 600
MIAMI FL 33133

3. Date Incorporated or Qualified

05/04/1995

3a. Date of Last Report

4. FEI Number

65-0586853

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

10. Name and Address of New Registered Agent

81 Name
HKE&F REGISTERED AGENT CORP.
82 Street Address (P.O. Box Number is Not Acceptable)
2601 S. BAYSHORE DRIVE
83 **SUITE 600**
84 City
MIAMI

85 FL Zip Code
33133

11. Pursuant to the provisions of Sections 607.0602 and 607.3508, 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 aware of, and accept the obligations of, Section 607.0605, Florida Statutes.

SIGNATURE

(Signature of Registered Agent)

(Signature of Registered Agent)

DATE

12. OFFICERS AND DIRECTORS

12.1 TITLE	<input type="checkbox"/> DELETE
12.2 NAME	D LEWIS, CARLTON D
12.3 STREET ADDRESS	2601 S BAYSHORE DR SUITE 600
12.4 CITY - ST - ZIP	MIAMI FL 33133
12.5 TITLE	<input type="checkbox"/> DELETE
12.6 NAME	
12.7 STREET ADDRESS	
12.8 CITY - ST - ZIP	
12.9 TITLE	<input type="checkbox"/> DELETE
12.10 NAME	
12.11 STREET ADDRESS	
12.12 CITY - ST - ZIP	
12.13 TITLE	<input type="checkbox"/> DELETE
12.14 NAME	
12.15 STREET ADDRESS	
12.16 CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY - ST - ZIP	
13.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY - ST - ZIP	
13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY - ST - ZIP	
13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 637, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARLTON D. LEWIS

1/24/96

DATE

305-461-5737

PHONE NUMBER

CR2E034 (12/95)