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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 P95000051434 (5) **DOCUMENT #** 

DEVLIN-ABRAMS GROUP, INC.				
Principal Place of Business	Mailing Address			BIORO IIIKI BIRI HODI
3675 NORTH COUNTRY CLUB DRIVE. #2004 3675 NORTH COUNTRY AVENTURA FL 33180 AVENTURA FL 33180		TRY CLUB DRIVE. #2004		
			3. Date Vicorporated or Qualified 3a. Date of Last	: Report
			06/29/1995 4. FEI Number	Applied For
2. Principal Place of Business	2a. Mailing Address	(	DOLLA FOR	Not Applicable
21	26		\$8.	75 Additional
Suite, Apt. #, etc. Suite, Apt. #, etc.		**	L E PostSouto of Statue Hoperad →	ee Required
27			6. Election Campaign Financing \$5	.00 May Be
City & State	28	-	Trust Fund Contribution Ad	ided to Fees
Zip Country	Zipi	Country	8. This corporation has liability for intangible tax unde	rs 199.032,
25	29	30	Florida Statutes Yes No	
g. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Registered Agent	
		81 Name		
SMITH, SAMUEL E		82 Street Add	ress (P.O. Box Number is Not Acceptable)	ļ
420 SOUTH DIXIE HIGHWAY		00		
SUITE 4KA		83		
CORAL GABLES FL 33146		84 City	FL 85	Zip Code
607.05	02 and 007 1608 Floods Stat	tutus, the above named coroc	the abstract for the purpose of changing	its registered office
as registered agent or both in the State Of the	YEAR SHOU CHAINE WAS AUDIC	TIVE CLEANING CONTROL OF DOC	and of directors. I hereby accept the appointment as registe	red agent. I am
familiar with, and accept the obligations of. Sc	ection 607,0505. Florida Statul	es		
SIGNATURE Standard apped or printed name of Figurerus at		NOTE: Bud total Agent signature report	ed when neighbing) DATE	
	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIREC	
TITLE PD	DELFTE	1 1 Till.E	Char	nge 🔲 Addition
NAME DEVLIN, BRUCE		1.2 NAME		
STREET ADDRESS 5131 GRAYSTONE LANE		13 STREET ADDRESS		
CITY-ST-ZIP HOUSTON TX 77069		1.4 CI*Y - S* - ZIP		nge [7] Addition
TITLE VPD	DELETE	2 1 TITLE	Chai	ige [ Addition
NAME ABRAMS, JERRY		2.7 NAME		•
STREET ADDRESS 3765 NORTH COUNTRY CLUB DRIVE		2.3 STREET ADDRESS	000001786190 -04/18/9601110015 ***100.00	
CITY-ST-ZIP AVENTURA FL 33180		24 CHY SI-7P	-04/18/96011100 <u>15</u>	nge 🔲 Addition
TITLE ST	DELFTE	3 : 10'tE	***100.00	ngo 🔲 / naorron
NAME DEVLIN, GLORIA		3.2 NAME		
STREET ADDRESS 3765 NORTH COUNTRY (	CLUB DRIVE	3.3 STHEET ADDRESS		
CITY-ST-ZIP AVENTURA FL 33180	DELETE	3.4 City ST-7.4	<u> </u>	nge 🔲 Addition
TITLE	( ) tittle	4 2 NAME	<b>800001786188</b> -04/18/9601110014	. <del></del>
NAME .		4.3 STREET ADDRESS	***100.00	
STREET ADDRESS		4.4.5.11 ST-21P		
CiTY-ST-ZIP	DELETE	5 1 101E	Cha	ange 🔲 Addition
TITLE		52 NAME		
NAME CONTRACTOR OF THE CONTRAC		5.3 STREET ADDRESS		
STREET ADDRESS		5.4 C(T) - S1 - Z(P)		
TITLE	DELETE	6 1 TITLE	Cha	ange 🔲 Addition
1		6.2 NAME		72.0
NAME CONSELADORSES		6.3 STREET ADURESS		~4.60
STREET ADDRESS  City-St-Zip		6 4 CHY - \$1 - ZIP		
		= · · · · · · · · · · · · · · · · ·	. 6., the evaparation stated in Section 119 07(3)(k) Florida S	A

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)rk). Florida Statutes. If 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 certify 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 chapted, or on an attachment with an address.

SIGNATURE:

TEAR LARGES V7. 310 96 36.866-9440