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

Mailing Address 1402 EAST LAS OLAS BLVD.

FT. LAUDERDALE FL 33301

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000056452

Principal Place of Business

1402 EAST LAS OLAS BLVD. #911 FT. LAUDERDALE FL 33301

CITY-ST-ZIP

## **DEVON POINT CORPORATION**

						07/20/1995					
2, Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		Appl	ied For		
21		26				65-0594980		Not /	Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			- Cadifacta of Status Basinad	\$8	3.75 Ad	ditional		
27						5. Certificate of Status Desired		Fee Requ	uired		
City & State City & State						6. Election Campaign Financing	\$	<b>5.00</b> м	lav Be		
23						Trust Fund Contribution		Added to			
Zip Country Zip			Country			8. This corporation owes the curren	t year Intangibl	e			
24	25 29 30					Personal Property Tax.	ĹY€		□No		
9. Name and Address of Current Registered Agent					-	10. Name and Address of New Registered Agent					
LUCAS, ALLISON R 1402 E. LAS OLAS BLVD., #911					81 Name  82 Street Address (P.O. Box Number is Not Acceptable)						
FT. LAUDERDALE FL 33301						- 183 A - 1 P - 18 B 1 - 21	P. 480 11.48		12 12 12 12 T		
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			84	4 C	City	·	FL  85	Zip Co	юe		
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
12.				13.		ADDITIONS/CHANGES TO OFFIC					
TITLE	P	☐ DELETE	1.1 TITLE			ge viggi		chang <del>e</del>	Addition		
NAME	LUCAS, ALLISON R			1.2 NAME		•					
STREET ADDRESS 1402 EAST LAS OLAS BLVD.,#911			1.3 STREET ADDRESS		DRESS						
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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 on an attachment with an address, with all other like empowered.

**FILED** Feb 10, 1999 8:00am **Secretary of State** 

02-10-1999 90036 020 \*\*\*150.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

SIGNATURE: