

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P95000083766 (2)**

1. Corporation Name  
**DEV ENTERPRISES, INC.**

Principal Place of Business  
**9626 US HIGHWAY 301 SOUTH  
RIVERVIEW FL 33569**

Mailing Address  
**154 KBARRINGTON DR  
BRANDON FL 33511  
US**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>11/01/1995</b>	3a. Date of Last Report <b>04/25/1996</b>
4. FEI Number <b>65-0626380</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

**154 BARRINGTON DR.**

**BRANDON, FLORIDA**

**33511**

4. FEI Number

**65-0626380**

5. Certificate of Status Desired

6. Election Campaign Financing  
Trust Fund Contribution

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**NIRMUL, SHAWN M  
9626 U.S. HIGHWAY 301 SOUTH  
RIVERVIEW FL 33569**

10. Name and Address of New Registered Agent

81 Name <b>DEVESH M. NIRMUL</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>154 BARRINGTON DRIVE</b>
83
84 City <b>BRANDON</b>
85 Zip Code <b>FL 33511</b>

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 **DEVESH M. NIRMUL - PRESIDENT** DATE **9-1-97**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PST</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>NIRMUL, SHAWN M.</b>		1.2 NAME <b>DEVESH M. NIRMUL</b>	
STREET ADDRESS <b>9626 US HWY 301 S</b>		1.3 STREET ADDRESS <b>9626 US HWY 301 S.</b>	
CITY-ST-ZIP <b>RIVERVIEW FL</b>		1.4 CITY-ST-ZIP <b>RIVERVIEW, FL. 33569</b>	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE <b>MANAGER, SECRETARY, TRAS.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME <b>SHAWN M. NIRMUL</b>	
STREET ADDRESS		2.3 STREET ADDRESS <b>9626 US HWY 301 S.</b>	
CITY-ST-ZIP		2.4 CITY-ST-ZIP <b>RIVERVIEW, FL. 33569</b>	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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.

SIGNATURE: **SHAWN M. NIRMUL** DATE **9-1-97** FILE # **6771990**

CR2E034 (4/97)