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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000025443 (8)

DEVKEN, INC.

2000 NE SEND-OT	2860 AIE 52ND ST	
Principal Place of Business	Mailing Address	

FILED Feb 24 1997 8:00am Secretary of State

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Principal Place of Business	Mailing Address		- 	IO FRINCE BEREF ORANG DUNES RUNI	40 110 11001 01111 0		
2650 NE-52ND-6T LIGHTHOUSE POINT-FL-53004-7062	2850. NE 52ND 6 T * LIGHTHOUSE POINT F E	T330647652					
			3. Date Inco 03/18/19	rporated or Qualified	3a. Date of	l Last Re	eport
2. Principal Place of Business	2a. Mailing Address	II librat 🖈	4. FEI Numb			Ap	plied For
21 794 NW. 4	TH LANE 26 7341	N.W. FF 147	8 65 ·	- 064935		-Ļ	t Applicable
Suite, Apt. #, etc	Suite, Apr. #, etc.	nut CREEK	<u> </u>	of Status Desired	<u> </u>	Fee Re	· `
City & Stale	L 28 Park	FC		Campaign Financing d Contribution		\$5.00 Added t	May Be o Fees
Zip Cou 24 33 07 3 25	29 33073	Country 30	8. This corp	oration has liability for	intangible tax t Yes 🔲 No		199.032,
24 33043 25 9. Name and Add	dress of Current Registered Agent	30		d Address of New Re		.,,.,.,,,,,,,	
WILLIAMS, STEPHEN-C	\$	81 Name	1	+ < 1	le o H.		
2850 HE 52ND ST	TAGALEGEA	82 Street Addr	ess (P.O. Box N	umber is Not Acceptal		j	
LIGHTHOUSE POINT F	L 33064-7002	83	21(1 Alul	1115tl (. 1			ACG
		84 City _ 2	DYI IVIV	44- CANO		5 Zip (്വർമ
		Jan Olivy	arklo.	-d-COCOUNT (gkFL "	33	2 73
office or registered #hent, or b	ections 607.0502 and 607.1508, Florida State of Florida, Such change w	as authorized by the corporati	oration submits ion's board of di	this statement for the prectors. I hereby acce	ourpose of cha pt the appoint	nging it: nent as	s registered registered
agent I am family of Alty and a	accept the obligations of, Section 607,0505	, Florida Statutes.		•	,		v
SIGNATURE Signative, typiecher printed n	nu le of regis erect agent a let trie it applicable (NOTE Registered Agent signature require	ed when reinstating)		DATE		
12.	OFFICERS AND DIRECTORS	13.	ADDITION	S/CHANGES TO OFFI	CERS AND DIR	ECTOR	S IN 12
TOLE DPST	DELETE	1.1 TITLE				Change	Addition
NAME BEATTY, VINCEN	HERRADE 7341 NW 44TH LA	1.2 NAME	,				
STREET ALORESS	8007 COCONUT CREEK, PL	2202					
C(IY-S1-ZIF	L DELETE	2.1 TITLE		***************************************		Change	Addition
NAME		2.2 NAME					
STREET ADDRESS		2.3 STREET ADDRESS					
COV-SI-ZIP		2. 4 CITY - ST - ZIP		. \$ 2.0	ξ' ι ^Α .		
THILE	L] DELETE	3.1 TITLE				Change	Addition
NAME COOKER HEADERS		3.2 NAME 3.3 STREET ADDRESS					
SIREET ADDRESS GDY-SI-ZIF		3.4. CITY - ST-ZIP	•				
TILE	DELETE	4.1 TITLE	***************************************	······································		Change	Addition
NAME		4. 2 NAME					
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CITY-S1-2IP	Distric	4.4 CITY - ST - ZIP				0	
TITLE	☐ DELETE	5.1 TITLE			لسا	Change	Addition
NAME CONTRACTOR OF THE CONTRAC		5.2 NAME 5.3 STREET ADDRESS					
STREET ADORESS OTTY- ST-20F		5.4 CITY - ST - ZIP					
Tiftf	DELETE	6.1 TITLE	······································	·		Change	Addition
NAME		6.2 NAME					
STREET ADDRESS		6.3 STREET ADDRESS					
1							

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 suppliemental 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 clinector 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 ill shanged, or on an attachment with an address.

SIGNATURE:

INTED NAME OF SIGNING OFFICER OR DIRECTOR