

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

FILED

Jan 17 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000070451 (5)

1. Corporation Name  
DEVON, INC.

Principal Place of Business  
2875 NW 191ST ST  
TURNBERRY PLAZA SUITE 500  
AVENTURA FL 33180

Mailing Address  
2875 NW 191ST ST  
TURNBERRY PLAZA SUITE 500  
AVENTURA FL 33180-2801

3. Date Incorporated or Qualified  
08/22/1996

3a. Date of Last Report

2. Principal Place of Business  
21 2875 NE 191 Street

2a. Mailing Address  
26 2875 NE 191 Street

4. FEI Number  
65-0688668

Applied For

Not Applicable

22 Suite, Apt. #, etc.  
Turnberry Plaza, Ste 500  
City & State

27 Suite, Apt. #, etc.  
Turnberry Plaza, Ste 500  
City & State

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

23 Aventura, FL

28 Aventura, FL

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

24 Zip  
33180

25 Country  
USA

29 Zip  
33180

30 Country  
USA

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KAPLAN, ADAM D  
2875 NW 191ST ST  
TURNBERRY PLAZA SUITE 500  
AVENTURA FL 33180

81 Name  
KAPLAN, ADAM D.

82 Street Address (P.O. Box Number is Not Acceptable)  
2875 NE 191 Street

83 Turnberry Plaza, Ste 500

84 City  
Aventura

FL

85 Zip Code  
33180

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 in block 12 or block 13, as applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. y ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME KAPLAN, ADAM D  
STREET ADDRESS 2875 NW 191ST ST SUITE 500  
CITY-ST-ZIP AVENTURA FL 33180

1.1 TITLE D ☐ Change ☐ Addition  
1.2 NAME KAPLAN, ADAM D.  
1.3 STREET ADDRESS 2875 NE 191 Street, Suite 500  
1.4 CITY-ST-ZIP Aventura, FL 33180 ☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/7/96

305 937 0300

CR2E034 (9/96)