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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000071367 (1)

DEVISERS INTERNATIONAL, INC.

FILED May 05 1998 8:00am Secretary of State



Principal Place	of Business	Mailing Address			
418 W. PLATT ST., STE. 8 418 W. PLATT ST., STE.			В		
TAMPA FL 336		TAMPA FL 33606		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				08/18/1997	
ال في السياسية	ace of Business	2a. Mailing Address	1,1000 1.1 0 . 1 0	4. FEI Number	Applied For
2516 W. KENNEDY BLVD. Suite, Apt. #, etc			MEDA BTAD		Not Applicab
2		Suite, Apt. #, etc.			Additional Required
City & State		City & State	FL		May Be
3 TAMP	A FL Country	Zip	Country		d to Fees
3360		29 33609	30 USA	8. This corporation owes or has paid the current year to Personal Property Tax due June 30.	ntangible No
1 2-00	9. Name and Address of Curre	11	1301 0 37 0	10. Name and Address of New Registered Agent	
WAI	LKER, GARY		81 Name		
101 E. KENNEDY BLVD., STE. 3100			62 Street	Address (P.O. Box Number is Not Acceptable)	
	APA FL 33602	-		Construction to 140 Accordance	
****			83		
			84 City	85 Zij	o Code
				FL T	
 Pursuant to office or re 	o the provisions of Sections 607,050 egistered agent, or both, in the State	02 and 607.1508, Florida Statu e of Florida, Such change was	tes, the above-named authorized by the cor	d corporation submits this statement for the purpose of changing poration's board of directors. I hereby accept the appointment a	its registere
	o familiar with and account the oblig	rations of Section 607 0505. FI	lorido Ctatutas	permitted books of the colorest	
agent. i ar	ir rainmar wild, and accopt the oblig	gamona or, becaron dov. 0505, in	onoa statutes.		
SIGNATURE					
SIGNATURE .	Signature, typed or printed name of registered ag	nont and title if applicable (NO	TE Registered Agent signature	e required when reinstating) DATE	
SIGNATURE .	Signature, typed or printed name of registered ag OFFICERS AN	ont and title if applicable (NO	TE. Registered Agent signature	e required when reinstaling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	DRS IN 12
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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 supplied intal 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 intrachment with an address

SIGNATURE:

BRIMU ABELES 4-23-98

(813) 871-5302