PROFIT

CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000100907

DEVI DEVELOPMENT & MANAGEMENT, INC.

May 03, 1999 8:00 am Secretary of State

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Principal Plac	e of Business	M	ailing Address						
601 EAST MEMORIAL BOULEVARD LAKELAND FL 33801			601 EAST MEMORIAL BOULEVARD LAKELAND FL 33801				DO NOT WRITE IN THIS SPACE		
•							3. Date incorporated or Qualifed	S SFAUL	<u> </u>
				,			12/04/1998		pplied For
	lace of Business	2a.	Mailing Address				4. FEI Number 50/2011/19/7		ot Applicable
21	# -11-	26	Suite, Apt. #, etc.				1 1 1 1 1 1 1 1 1 1		Additional
Suite, Apt. #, etc.			Odio, Apr. 11, 616.				5. Certificate of Status Desired*		equired
22 City & Stat	de .	27	City & State				6. Election Campaign Financing	\$5.00	May Be
23	-	28	•				Trust Fund Contribution		to Fees
Zip	Country	11	Zlp	Cou	intry		8. This corporation owes the current year in	tangible	
24	25	29	3	0			Personal Property Tax.	Yes	□No.
	9. Name and Address of Current	Regis	tered Agent				10. Name and Address of New Registered	Agent	
			_		81 Nam	° 66	ROJ. R. PATEL		
	RILAWYER						ss (P.O. Box Number is Not Acceptable)		
	LIMERIA AVENUE		•		;	383	29 ERIC CT		
CORA	al gables FL 33134				83	•	·		
•					84 City	LA	KELAND FI	85 Zip	Code 813
	to the spinion of Soctions COT OSO	3 4	07 1508 Florida Statutar	the e	hove come	d come		حر <u>د. ا</u> - changing its	
office or a	registered agent, or both, in the State of m familiar with, and accept the obligation	of Floric lons of	ta. Such change was auti Section 607.0505, Florid	horized la Stat	i by the courtes.	poratio	oration submits this statement for the purpose on's board of directors, I hereby accept the appoint		gisiered
SIGNATURE	S.R. Carel		SAROJ	'. F	R Pi	97E		9-99	
	Signature, typed or printed name of registered agent				Agent signatur	e techines	when reinstating) DATE	ID DIDECTO	NPC IN 12
12.	OFFICERS ANI	D DIRE	DELETE	13. 1,1 π			ADDITIONS/CHANGES TO OFFICERS A	☐ Change	Addition
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NAME	PATEL, SAROJ R	00		1.2 N					•
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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 ennual 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.