PROFIT CORPORATION ANNUAL REPORT



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

1996

SIGNATURE: ___

S37011

(1)

| DOCUMENT # 1. Corporation Name | S3 |
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| DEVCO II CORPORA | TION |

| DEVCO |) II CORPORATION | | | | |
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| Principal Place | of Business | Mailing Address | | 4 AND SABAR SHOP SINST CERTA EDITAL IND | ngi sindi megasi mimir mindir 41091 mihis mimir 1001 |
| POB 271772 TAMPA FL 33 | 9688 | POB 271772 TAMPA FL 33688 | | | |
| | | | | Date Incorporated or Qualified 03/04/1991 | 3a. Date of Last Report 01/23/1995 |
| | ace of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| Suite, Apt. | # oto | 26 | | 59-3058641 | Not Applicable |
| 2] | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| Oity & Stale | | City & State | | 6. Election Campaign Financing Trust Fund Contribution | S5.00 May Be Added to Fees |
| 20) 4] | Country | Ζφ 1 | Country | 8. This corporation has liability fo | or intangible tax under s 199.032, |
| 4] | 25 9. Name and Address of Currer | nt Registered Apont | 30 | | s No |
| | g. Hume and Address of Curren | in Registered Agent | 81 Name | 10. Name and Address of New | Registered Agent |
| STRALEY | /, MARK K. | | Name | | |
| | RANKLIN ST | | 82 Street A | ddress (P.O. Box Number is Not Accepta | able) |
| TAMPA F | | | 83 | | |
| | | | | | |
| | | | 84 City | | FL 85 Zip Code |
| 11. Pursuant t | to the provisions of Sections 607.0502 | 2 and 607.1508, Florida Statu | ites, the above-named cor | bolation appliting rule statement for the bi | a poor or or anging no registered office |
| S'GNATURE _ | to the provisions of Sections 607.0502 ed agent, or both, in the State of Flori th, and accept the obligations of, Sections of Sections of Prices agent Officers AN | t and tile if applicable (I | vOTE. Registered Agent signature rec | Quired when rainstating! | DATE |
| S'GNATURE _ | Styriet ire: typical or printed name of registered apport | non con .coco, Honda Statut | 3S. | puired when reinstating: ADDITIONS/CHANGES TO OF | DATE FICERS AND DIRECTORS IN 12 |
| S'GNATURE _ 12. | Styriet no typied or printed name of registeric aport OFFICERS AN PDT BUCK, DON | t and tille if applicable (I | NOTE Registered Agent signature rec | Quired when rainstating! | DATE |
| S'GNATURE _ 12. II'UE NAME | Squal are typed or prolodinate of registered agord OFFICERS AN PDT BUCK, DON 15436 N. FLORIDA AVE | t and tille if applicable (I | VOTE Registered Agent signature no. 13. 1.1 TITLE | puired when reinstating: ADDITIONS/CHANGES TO OF | DATE FICERS AND DIRECTORS IN 12 |
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THOMAS N. Gray

813-962-0440 Daytime Phone #