

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V68029** (0)

1. Corporation Name
DEVCON CROWN BAY II CORP.



Principal Place of Business: % 1350 E. NEWPORT CENTER DRIVE SUITE 201 DEERFIELD BEACH FL 33443
Mailing Address: % 1350 E. NEWPORT CENTER DRIVE SUITE 201 DEERFIELD BEACH FL 33443

3. Date of Incorporation or Qualified: **10/01/1992** 3a. Date of Last Record: **02/07/1995**

4. FEI Number: **65-0402426** Applied For: Not Applicable:

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

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

2. Principal Place of Business: 21 Sub. Apt. #, etc: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 State, Apt. #, etc: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent: **GROSSMAN, ROBERT L. 1221 BRICKELL AVENUE MIAMI FL 33131**

10. Name and Address of New Registered Agent: 81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 City: 85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0902 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 607.0503, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DP	NAME: HORNSBY, RICHARD L.	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 1350 E NEWPORT CENTER DR DEERFIELD BEACH FL		1.2 NAME:	
CITY, ST, ZIP:	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS:	
TITLE: V	NAME: MOOREHEAD, RONALD L.	1.4 CITY, ST, ZIP:	
STREET ADDRESS: 1350 E NEWPORT CENTER DR DEERFIELD BEACH FL		2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY, ST, ZIP:	<input type="checkbox"/> DELETE	2.2 NAME:	
TITLE: D	NAME: SMITH, DONALD L., JR.	2.3 STREET ADDRESS:	
STREET ADDRESS: 1350 E NEWPORT CENTER DR DEERFIELD BEACH FL		2.4 CITY, ST, ZIP:	
CITY, ST, ZIP:	<input type="checkbox"/> DELETE	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: DVT	NAME: BARRETT, WALTER B.	3.2 NAME:	
STREET ADDRESS: 1350 E NEWPORT CENTER DR DEERFIELD BEACH FL		3.3 STREET ADDRESS:	
CITY, ST, ZIP:	<input type="checkbox"/> DELETE	3.4 CITY, ST, ZIP:	
TITLE: S	NAME: ZIROLLA, BEVERLY	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 1350 EAST NEWPORT CENTER DRIVE DEERFIELD BEACH FL		4.2 NAME:	
CITY, ST, ZIP:	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS:	
TITLE:		4.4 CITY, ST, ZIP:	
NAME:		5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:		5.2 NAME:	
CITY, ST, ZIP:		5.3 STREET ADDRESS:	
		5.4 CITY, ST, ZIP:	
		6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 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, as an attachment with an address.

SIGNATURE: **Walter B. Barrett** VILE PRESIDENT
DATE: **2/13/96** (954)
DISPATCH NUMBER: **429-1500**

CR2E034 (12/95)