

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

FILED
Apr 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 10/01/1992	
4. FEI Number 65-0402426	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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		
84 City	FL	85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	HORNSBY, RICHARD L.	
STREET ADDRESS	1350 E NEWPORT CENTER DR	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MOOREHEAD, RONALD L.	
STREET ADDRESS	1350 E NEWPORT CENTER DR	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, DONALD L., JR.	
STREET ADDRESS	1350 E NEWPORT CENTER DR	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	DVT	<input type="checkbox"/> DELETE
NAME	BARRETT, WALTER B.	
STREET ADDRESS	1350 E NEWPORT CENTER DR	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ZIROLLA, BEVERLY	
STREET ADDRESS	1350 EAST NEWPORT CENTER DRIVE	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	300002493975
5.3 STREET ADDRESS	-04/20/98--01090--001
5.4 CITY-ST-ZIP	***300.00
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

PE 4.17

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 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, changed, or on an attachment with an address.

SIGNATURE: *Richard Hornsby* **Richard Hornsby** **4111025 0511429 1500**

CP2E034 (10/97)